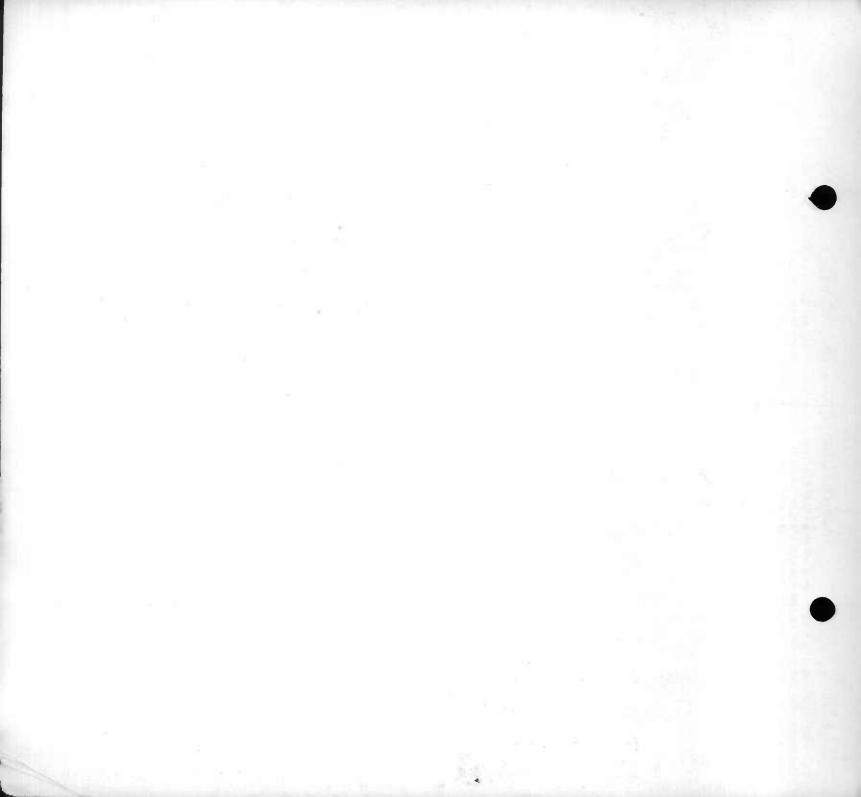


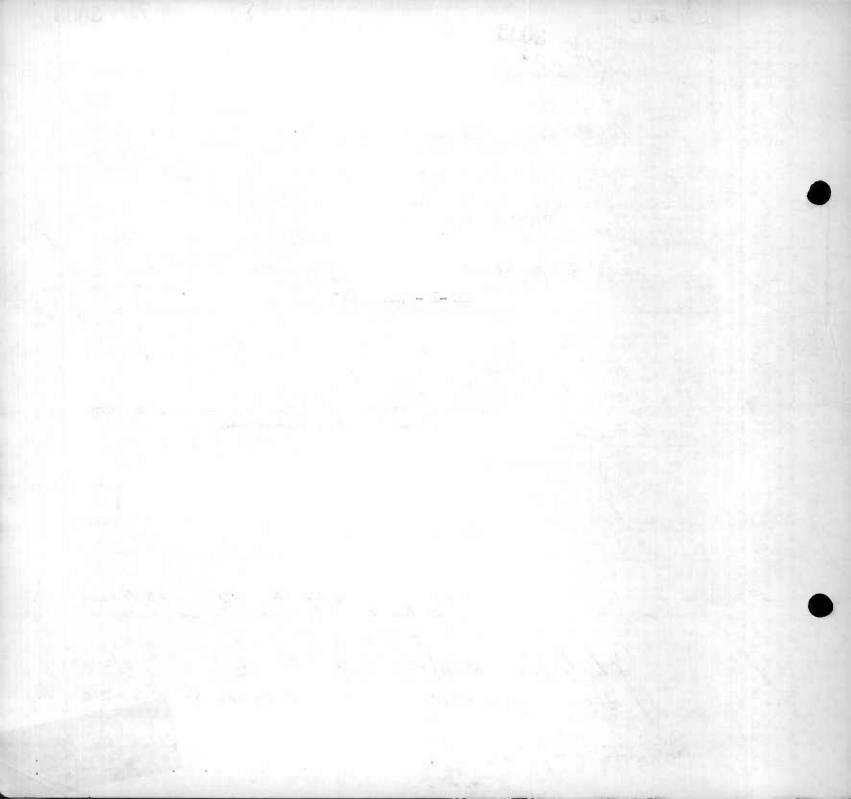
	in a hospital and ng cause of death cause; (5) Deceased attendance on the ior to death. Such
•	death occurred to or contributi tundetermined vas in regular ne deceased pr
FUNERAL DIRECTOR: IMPORTANT	or his assistant if Also, if the directe of any kind; (4) nounced death vatendance on the
L DIRECTOR:	adical examiner. Jical examiner. Irns; (3) A fractui rsician who provisician who provisician who provises in regular mains are embal
FUNERA	d by the chief mospital by a meenture; (2) Body but where the physician and before the red
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This control the boshows was Dadecea writte

	TY HEALTH DEPARTMENT					
The state of the s	ATE OF DEATH REG. NO. 71 3002					
Type or Primpe Api A (CVAI) DCD	2. DATE AND HOUR OF DEATH					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institutions residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	2114 Mc Culoud St 1403					
INSTITUTION ADDRESS OR ECCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
U. of Md. Hospital	Bato. YES NO					
38	2114 /16 Culf St					
5. SEX 6. RACE VIOLENTIAL OF MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Mine					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	1 11. BERTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY					
done during most of working life, even if relired)	9/2 1/2 9/2 1/5					
13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME					
Richard Ward	Pearl Miles					
15. Was Deceased Ever in U. S. Armed Farcas? 16. SOCIAL	17. INFORMANT ADDRESS					
SECURITY NO.	Charles ale sander 2114 ma Cullet					
18. / / O / I CAUSE OF DEA						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AA A TO TO A A A BETWEEN ONSET AND DEATH					
(A) IMMEDIATE CA						
heart laifure, asthenia, etc. If means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:					
ANTECEDENT CAUSES	3CVD yrs					
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF:					
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.						
UNDERCTING CONDITION lost, (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1218 PLACE OF INJURY (CO.	, M.					
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	In or about 21 Cs WHERE DID (If In Raftlmare City, also exact location)					
OR CONTRIBUTING CAUSE OF home, factory, street, of DEATH (notify madical axomine)	office bldg., INJURY OCCUR?					
Q 21 D. TIME (Manth) (Day) (Yaor) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.I While At Not Whi Work At Work						
22. I certify that (1) (this haspital) attended the deceased from	3/19 10// 10 15/19 107/					
that (1) (we) lost saw the deceased alive on 11/9/10/	and that in (my) (our) opinion death occurred on the date					
and hour and from the courses stated above. (I) (We) (did) (did not) view the body after death.						
23A/SIGNATURE 23A/SIGNATURE 23A/SIGNATURE 23A/SIGNATURE 23A/SIGNATURE						
Sulph Sapping an Mil Progree	ending Med. Staff 4 3 / 17					
28C-PHYSICIAN'S NAME (Type)	23D. ADDRESS					
TOSEPH SAPPINGTON, 111, U DEGREE	U.VIId. HUSDIVEL					
	REMATORY 24D. LOCATION (City, town, or county) (Stotal					
B 3/24/7/ Cubites m	- par Bath me					
MAR 26 19/1 Juba C. Jane Ma	25C, FUNERAL DIRECTOR ADDRESS A 222 ADDRESS					
CA MAIN AMONDO OF AMONDO MAIN	Joseph Som F/H 222 m north and					

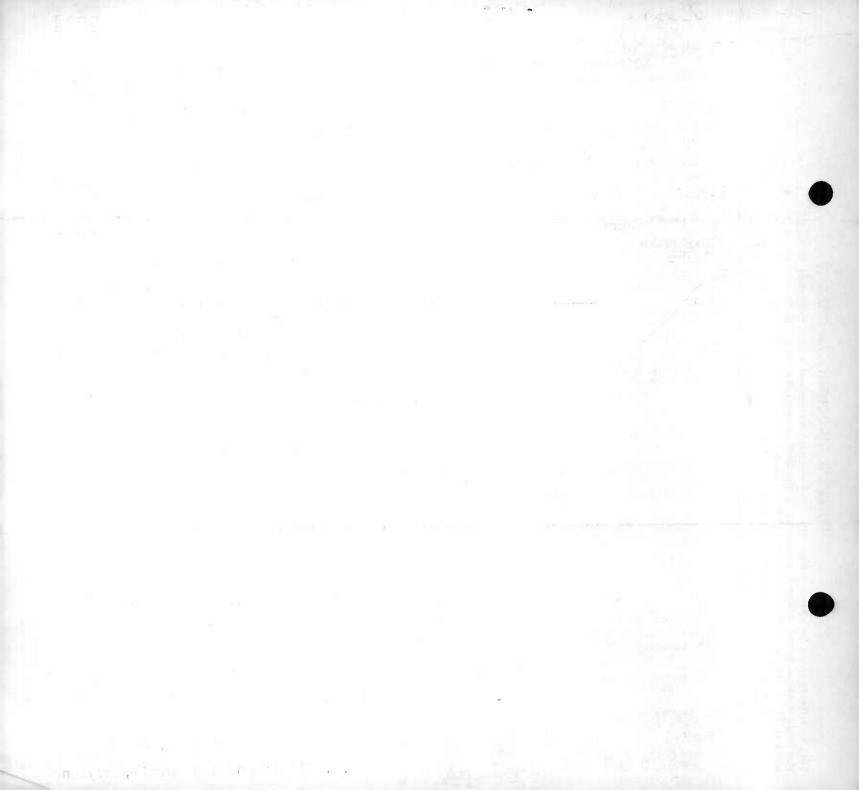


VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



H-1	00.	197.8	- 1 . m		HEALTH DEPARTMENT		71 3004
BIRTH NO.	a. a. Co.	Wild. 3	004	CERTIFICA	TE OF DEATH	REG. NO	11 3004
(Type or Pri	-41	th Doren	e Hone			AND HOUR OF DEATH	
3. PLACE I	N BALTIMORE MA				MA]	ch 23, 1971	7:05 P. M.
FULL NAM	AEOF (IF NO			JTION, GIVE STREET	Maryland A	nne Arundel	52
Baltin	more City	Hospital:	S		C. CITY OR TOWN Millersville	D. INS	IDE CITY LIMITS?
	Eastern Av				E. STREET AND NUMBER		YES NO NO
Baltin	more, Mary	land 2	1224		2 Cecil Aver	ue 21108	
5. SEX	6. RACE	7.	MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Female			IDOWED [2-27-71	lost birthdoyl	Months Doys Hours Min.
done during n	OCCUPATION (Given most of working lite, e. NONE	re kind of work 10E ven if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER					14. MOTHER'S MAIDEN	IAME	
Thomas	5	HOP	E		Elizabeth	CAMPBEL	L
5. Was Dec	ceased Ever in U. :	Armed Forces		16. SOCIAL	17. INFORMANT	4940 Eastern	AveniADRESS
ПО	The state of the s		service!	SECURITY NO.	BCH: Records	Baltimoré, M	
18.	45.31			CAUSE OF DEATH			APPROXIMATE INTERVAL
UNDER	ANTECEDEN SES OR CONDITION IN I	IONS, if any, cause (A) sla ON last. STITIONS CONTRIBETATED TO THE TO	BUTING ERMINAL	prob. int	A CONSEQUENCE OF:	lår hem	ortegen has
19A. DA1	TE OF OPERATION	WAS PERFORA	ON FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE F	INDINGS CONSIDERED
21 A. AC	CIDENT WAS UNI	DERLYING	21R. I	PLACE OF INITIBY (a.g. in	or obout 21 C. WHERE DID		YES
DEATH	ITRIBUTING CAL	ISE OF	home	, form, foctory, street, offi	ce bldg., INJURY OCCUR?	(It In Boltimore	City, give exact location)
21D. TIM				INJURY OCCURRED			
OF INJU	RY	oji (veon (ii		At Not While	21F. HOW DID I	NJURY OCCUR?	
			Work	At Work			
22. I ce				deceased from	2 28	19 7-1_ta	2 3 19 7/
			ive an	3 2 3	19 and	that in (my) (our) apin	the state of the s
that (I)	(we) last saw th						lian deoth accurred on the data
that (1)	ir and fram the			(Ac) (qiq) (qiq tot) vi	ew the bady after deoth	•	lian deoth accurred on the date
that (I)	ir and fram the				ew the bady after death		23B. DATE SIGNED
and hau 23A. SIGN	nature			Atten Phys.	ding Med.	Stoff Phys	
and hau 23A. SIGN 23C. PHY: NAA	SICIAN'S WE (Type) Jame	es Allen	M.D1	OFGREE Atten	ding Med. Director DD. ADDRESS 4940 E	shoff D Physical astern Avenue	23R DATE SIGNED 3 23 71 Baltimore, Marylar
that (I) and hau 23A. SIGN 23C.PHY: NAA	SICIAN'S ME (Type) CREMATION, 241 /AL (Specify)	es Allen	M.Dl	Atten Phys. OEGREE OEGREE ME of CEMETERY of CREA	ding Med. Director BD. ADDRESS 4940 E MATORY 24D.	stern Avenue	23B. DATE SIGNED 3 23 71
that (I) and hau 23A. SIGN 23C.PHY: NAA 4A. BURIAL REMOV BURIA	SICIAN'S ME (Type) CREMATION, 241 /AL (Specify) 1	es Allen L DATE /25/71	M.Dl	OF CEMETERY OF CREAT	ding Med. Director DD. ADDRESS 4940 E	Shoff Physics Avenue	Baltimore, Marylar Tospitalog, town, or countyl
that (I) and hau 23A. SIGN 23C.PHY: NAA	SICIAN'S ME (Type) CREMATION, 241 /AL (Specify) 1	es Allen L DATE /25/71	M.D1 24C.NAI OUT	OEGREE Atten Phys. OEGREE OEGREE ME of CEMETERY of CREA	ding Med. Director DBD. ADDRESS 4940 E MATORY 24D. Field Cem 25C. FUNERAL DIRECTOR	Shoff Physics Avenue astern Avenue Location (Cin	Baltimore, Marylan To



	pe or Print)	Ella Sno		ATE OF DEATH	AND HOUR OF DEATH	
3.	PLACE IN BAL		HERE PRONOUNCED DEAD	14. USUAL RESIDENCE IWI	3-23-71	2:35 p.
li .	JLL NAME OF			1. 31A1L	INII	institution: lesidence beloio odmissi
H	OSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Mary la		2802
	4 0	Provident Ho	ospital, Inc.	Baltim	ore D. IN	SIDE CITY LIMITS?
	37		y Heights Avenue	E. STREET AND NUMBER		YES NO
		Baltimore, 1	Maryland	4706 N	orwood Avent	16
5.	SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Ye , If Under 24
	Female	Negro	WIDOWED E DIVORCED	1-01-1890	81	Months Doys Hours Mir
10A dor	USUAL OCCU	PATION (Give kind of work vorking life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or to	reign country)	12. CITIZEN OF WHAT COUN
	Unemploy			Maryland		** 0
	FATHER'S NAA			14. MOTHER'S MAIDEN N	AME	U. S. A.
	Wil	liam The	mas	Louise He	enry	
IVe:	s, no of upknown)	Ever in U. S. Armed Force	es? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	100			Theresa Logan		0
	18.4/2	231	CAUSE OF DEA	H Dogan		Same APPROXIMATE INTERV
	DISEAS	OR CONDITION DIR	ECTLY	7-)/-	+ 5.	BETWEEN ONSET AND DE
		LEADING TO DEATH	(A) IMMEDIATE CA	USE	Tarlon	- 2 who
	heart tailute, (Isthenia, etc. It means	the disease DUE TO, OR AS	A CONSEQUENCE OF:	******************	*************
		olication which caused	death.)			
		NTECEDENT CAUSES	(B) Urles	isselection)	hant less	Jewel zen
1 1						
	rise to the	R CONDITIONS, if a	ny, giving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the	above cause (A) CONDITION last.	ny, giving DUE TO, OR AS	A CONSEQUENCE OF:	toiselen	is draw yes
7	rise to the UNDERLYING	above cause (A) CONDITION last.	stating the (c)	A CONSEQUENCE OF:	trisilera	in my ye
TION	other significant	above cause (A) CONDITION last,	stating the (c)	A CONSEQUENCE OF:	e. 2 i 5	a my ye
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RTIFICATION	OTHER SIGNIFICATION OF THE DEATH DISEASE OF CO	above cause (A) CONDITION last, II CANT CONDITIONS CON I BUT NOT RELATED TO THE NOTITION GIVEN IN PART OPERATION 198. COND WAS PERFO	ITRIBUTING (C)	20A. AUTOPSY? (Yes or N	C Zailang E	Comments of Death?
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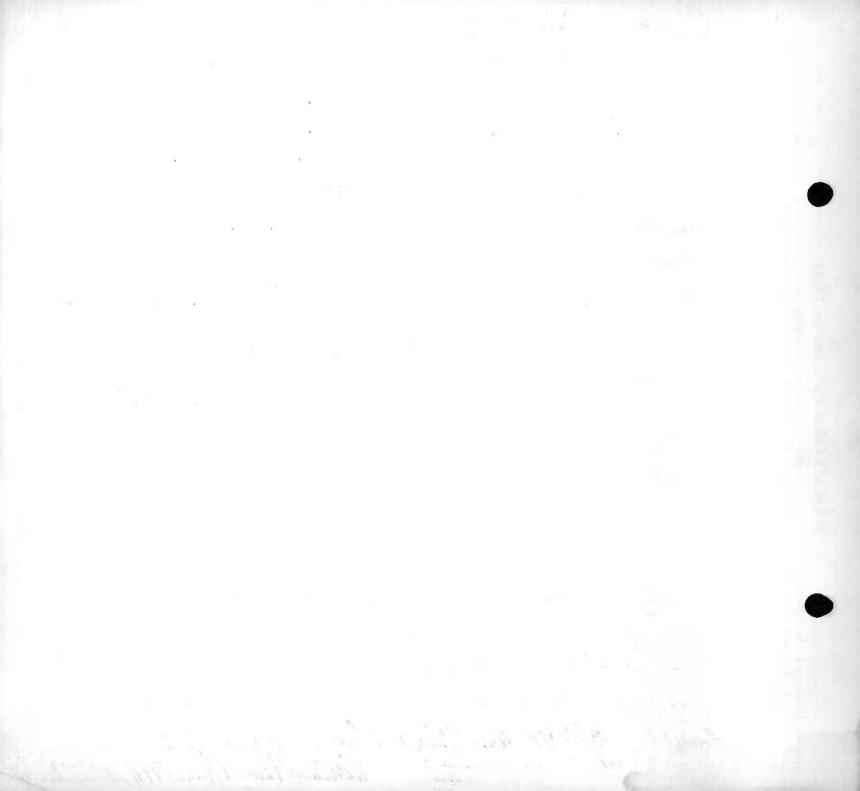
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Socret Territor . II.

MELLAND FROM LONG

C. 4/2	6 71	300	A	HEALTH DEPARTMENT	REG. NO	71 3006
1. NAME OF DE	Alice (olbert	,	2. DATE A	ND HOUR OF DEATH	1
FULL NAME OF	LTIMORE, MARYLAND, W				ere deceased lived, If	institution: residence before admission)
HOSPITAL OR	ADDRESS OF LOCATION OF THE PROPERTY OF LOCATION OF THE PROPERTY OF THE PROPERT		UTION, GIVE STREET	c. CITY OR TOWN Balte.	D. IN	SIDE CITY LIMITS? YES NO
00				1000 W . Fra	nklin St.	
s. sex Female	Colored	WIDOWED		April 18/04	9. AGE (In years lost birthday)	If Under 1 Yo. If Under 24 Hrs. Months Doys Hours Min.
done during most o	working life, even if refired!	IOB, KIND OF	BUSINESS OR INDUSTRY	Charles C.	-	12. CITIZEN OF WHAT COUNTRY
Thomas	McMohon			14. MOTHER'S MAIDEN NA Ann Brawne	-	
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed For Il (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Mary Trusty	1006 W. F	ranklin St.
DISEASES	LEADING TO DEATH not meen the made of , osthenio, etc. It means mplicotian which coused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION lost.	the disease, deoth.)	DUE TO, OR AS	A CONSEQUENCE OF:	the col	low 10 month
TO THE DEA	FICANT CONDITIONS COI TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART F OPERATION 19B. CON WAS PERF	E TERMINAL 11 (A). DITION FOR W	VHICH OPERATION	20A. AUTOPSY? (Yes or No	D) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF wedicol examined	21 B. home	PLACE OF INJURY le.g., in a, form, factory, street, of	i or obout 21 C. WHERE DID	(II In Boltimo	ore City, give exect location)
21D. TIME OF INJURY IAPPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED P At Not While At Work	21F. HOW DID INJ	URY OCCUR?	
that (I) (we	that (f) (this hospital) last saw the decease	attended the	e deceased from	19 7 and th	1970 to Maint fri(my) (tour) ap	Inian death accurred an the dote
23A. SIGNATI 23A. SIGNATI 23C. PHYSICIA NAME (une Wu	ed abave. (I)	Atter Phys	ew the bady after death. Inding Amed. Director 3D. ADDRESS	Staff Phys.	23B. DATE SIGNED 3-25-71
24A- BURIAL CRE REMOVAL	MATION, 24B, DATE Specifyl 3/27/7	1 1/4	ME of CEMETERY OF GRE	13-07+1 M	CANON ME	19. town, or countyl (State)
MAR C	B 1977 Radie	25B. NAME O	REGISTRAR	25C. FUNERAL DIRECTOR	neralhome	319 M. Lekrordy S.



24D. LOCATION

MORTON & DYETT FUNERAL HOME 1701 Laurens St.

Baltimore.

(Stote)

(City, town, or county)

ADDRESS

6-000 BIRTH NO.)	MED	ICAL	EX	AMINER'S			OF [DEAT	H REG. 1	71	300	98
NAME OF DECEA		24.62				2. DATE OF	Known [Month	Doy	Year	Hour	
	GRACE BUIE						Estimoted						м.
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE			Month	Doy	Yeor	Hour	
ULL NAME OF IOSPITAL OR INSTITUTION	(IF NOT I	N HOSPITA OR LOCA	AL OR INSTI TION)	NOITUT	I, GIVE STREET		UNCED DEAL		3	25	197		I M.
46 Lut	heran	Hospi	tal			A. STATE	Md.	Where d	eceosed li	B. COUNT		54	nission)
5. SEX 7.	RACE		B. MARRI	ED K	NEVER MARRIED	C. CITY O	RTOWN			D. INSIDI	E CITY LIMITS	?	
female	negr	0	WIDOW	D	DIVORCED .		Balto.				YES 🔀	NO 🗌	
DATE OF BIRTH		O.AGE (In	yeors	If Unde	r 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBE	ER					
9/18/31	10	39	y) '	Months	Doys Hours Min.	2828	Clifton	Ave					
1. BIRTHPLACE (Stote	or foreign	country)	1	2. CITI	ZEN OF	13. FATHER							
Charleston	5 (WH	AT COUNTRY?				.1.				
4A.USUAL OCCUPAT	TION (Give k	ind of work	14B KIND		SINESS OR INDUSTRY		nael Mar						
one during most of work	ing life, even	ifretired)	KIIND	J. 50.	STATES OF HADOSIK								
Housewit	e						ie Milto	on					
6. WAS DECEASED (es, no or unknown) (If	yes, give wor	or dotes	of service)	17	SOCIAL SECURITY NO.	18. INFOR	MANT				ADDRESS		
						Mr. N	lastie .	J. B	uie 2	828 C	lifton	Avenue	1
19.412	2. 1				CAUSE OF DEA	TH						APPROXIMATE	
DISEASE	R CONDITI	ON DIREC	CTIV	H	lypertensive	cardi	ovascula	ar d	iseas	e	loc.	TWEEN ONSET	AND DEATH
	DING TO D		CILY										
(This does not r	meon the me	ode of dy	Ing, e.g.,		(A)IMMEDIATE O	AS A CONSEC	HENCE OF:						
heart failure, ast	thenio, etc. It	meons the	diseose,		00210,000	-3 A CONSEC	POLITCE OF.						
DISEASES OR OR RISE TO THE ARE UNDERLYING	CONDITIO	S IF ANY	, GIVING ING THE		(B)	AS A CONSE	QUENCE OF:						
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT RE	LATED TO	THE TERMIN				8 4s 45 45 mm mm no repressas as as as as						000000000000000000000000000000000000000
				OR WI	ICH OPERATION WA	AS PERFORM	AED				21. AUT	OPSY? (Yes	s or No)
5 0													
✓ 22A. EXTERNAL	L CAUSE W	AS	12	2B PI A	CE OF INITIDY (a.a.	in or about	22C WHERE I	DID (K:	- D - lat	- Clau -lu-		res	
UNDERLYING TO	OR CONTR	IB-	ĥ	ome, fo	CE OF INJURY (e.g., rm, foctory, street, office	e bldg., etc.)	NJURY OCCI	JR?	n Boltimo	e City, give	exoct locotion)	
OF INJURY	nth) (Doy) (Yeor) (Hour)		INJURY OCCURRED		22F. HOW DIE	D INJU	RY OCCI	JR?			
(APPROX.)			n		LE AT NOT	ORK							
23.	that I held	dan Ir	nguiry [l le	nspection Au	tapsy 🔀	and that	an this	basis,	death in	my apinlan		
resulted	fram: Nat	oral car	ses X	Acci	dent Suicid		omicide			ned mann			
,030,180	7		5	4	301010		CHIEF MEDIC				e1 🗀		
ACTUAL SIGNATURE		1	Book	ela	las M.D	ASS	STANT MEDIC			<u></u>		DATE SIG	GNED
EXAMINER'S	5	Fido	n Mih	101	is, M.D.		CIATE MEDIC	CAL EXA	MINER		2	126/71	
NAME (Type			FILIT									/26/71	
4A. BURIAL CREMAT EMOVAL (Specify)	ION, 24B	DATE	3 0.	24C. 1	NAME of CEMETERY	or CREMATO	DRY	24D. LO	CATION	(City, t	own, or count	y) (S	tote)
BURIAL	- 1	7-29	1-11		HEBUTL	15		1	AH	8:	Md.		
5A. DATE REC'D BY	HEALTH DE	PT.	25B. NA	ME OF	REGISTRAR	25 C.	FUNERAL DIR	RECTOR		1	ADDRESS	1	
MAR 26	1971	Robert	E. 30	Ben	. ALD O	0 40	RITIE AN	+-1	u & II	- 170	1/ LA	YERR	5

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turred in

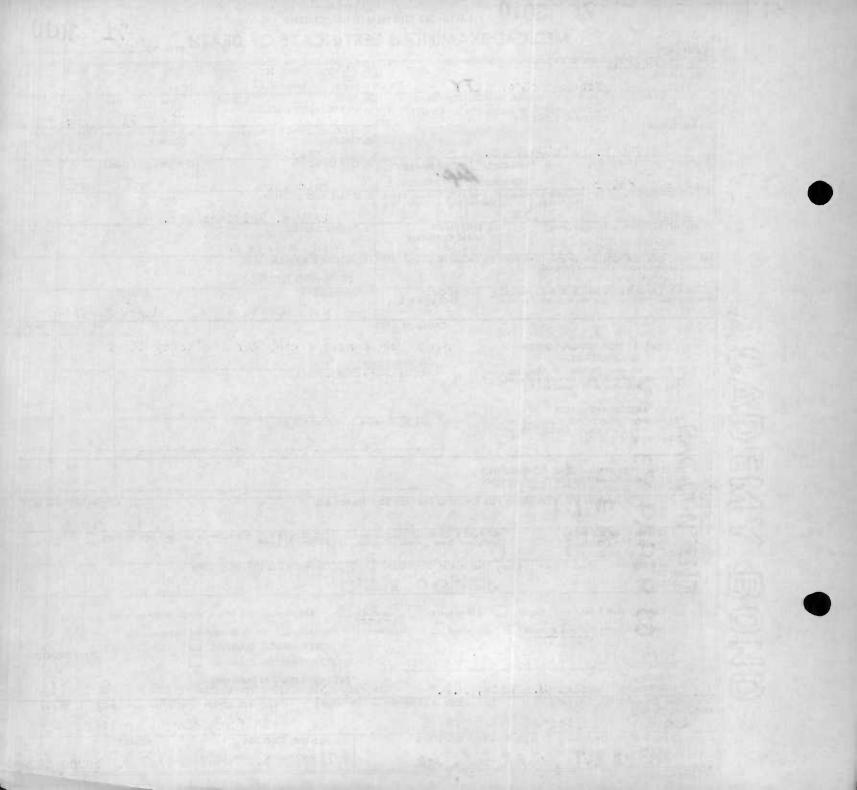
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such was an analysis of the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death o

//	Part A	BALTIMORE CIT	Y HEALTH DEPARTMENT		17 3003
M-650	2 71 ;	3009 CERTIFICA	ATE OF DEATH	REG. NO	
BIRTH NO.	EASED	02.(11110)		HOUR OF DEATH	
(Type or Print)	William	Armstrong	3/25/7	1	16:15 A.M
3. PLACE IN BAL	TIMORE MARYLAND, WH	ERE PRONOUNCED DEAD	A. STATE B. COUNT	deceased lived. If in Y	stitution: residence before admission)
FULL NAME OF	UF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Md.		1510
HOSPITAL OR	ADDRESS OR LOCATI	IONI	C, CITY OR TOWN	D. INS	DE CITY LIMITS?
			Balto.		YES k NO
111	3912 Liber	ty Hghts Ave.	E. STREET AND NUMBER		
00		, 3	3912 Liberty	Hahts Aver	nue
5. SEX	6. RACE N 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years ost birthday)	Months Days Hours Min.
Male	American	WIDOWED DIVORCED	5/13/1921	43	
		BE KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	n country!	12. CITIZEN OF WHAT COUNTRY
done during most of	working life, even if refired)	(A Seter A	No Co		
13. FATHER'S NAM	ME I COPEC I	Criquialia	14 MOTHER'S MAIDEN NAM	VE .	
All II.	11	1, , , = ,	TE IN C	7	. 10
WILLIA		1 MSTRONG	IT INFORMANT	TIMSTRO	ADDRESS
Yes, no of unknown)	(If yes, give war or dotes	of services SECURITY NO.	INFORMANT V		~ VOOKE22
			Mrs. Ruby Arm	strong 3913	Liberty Hahts
18. Left ()	3 X I	CAUSE OF DEA	TH >// +	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI
	E OR CONDITION DIRE	CTLY	Ryy her Lenge	as lengt /	
1 .	LEADING TO DEATH	(A)IMMEDIATE C	AUSE /	asculard	sein 4 years
	ot mean the mode of d asthenia, etc. It means ti		S A CONSEQUENCE OF:		,
	plication which caused d		P V		
	ANTECEDENT CAUSES	(B) /le	rios delay		
	OR CONDITIONS, if en		S A CONSEQUENCE OF:		
	above cause (A) as CONDITION last	rating the (C)			
	0	(/			
OTHER SIGNIE	CANTCONDITIONS CON	TRIBUTING			
TO THE DEAT	H BUT NOT RELATED TO THE	TERMINAL			
	ONDITION GIVEN IN PART	TION FOR WHICH OPERATION	20A AUTOPSYT (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED
	WAS PERFO	EWED	no	IN CERTIFIEND CA	USES OF DEATH
U 21A ACCIDE	NT WAS UNDERLYING	218 PLACE OF INJURY IS Q	in or about 21C, WHERE DID office bidg, INJURY OCCUR?	(If In Baltimor	re City, give exact lacation)
DEATH (notify	medical examined	etc.)	onice bioge indext occord	-	
DEATH (notify	(Month) (Day) (Year)	(Hous 21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
S OF INJURY		While At Not W			
		Work L Al Wa	- CHAIN SO	7/-	march 10 3/
		attended the deceased from	4.	9	
that (1)/(we)	last saw the deceased	alive on acts Teb 16		t In (my) (our) opl	nion death occurred on the dat
and hour and	d from the causes state	d above (1) (We) (did) (did not)	view the bady after death.		/ /
23A. SIGNATU	IRE /	1			23 B. DATE SIONED
	nesert 11	U DI	Hending Med. Director	Staff Phys.	1 /25/1
23C. PHYSICIA	IN'S	OEGREE	23D. ADDRESS	,	
Dr. Ro	bert Levy	/	Medical Arts Bu	ilding	
24A. BURIAL CRE		24C. NAME of CEMETERY of C			ity, town, or county) (State)
REMOVAL	Specify)	PAUL MAINE OF CEMETERY OF C	ALL A		A County of County)
Burial	3/29/7	11 Nocky MI	N.C.	KOCKY 1	MT. N.C.
		SE NAME OF REGISTIAR	25C. FUNERAL DIRECTOR	- F 11 11	ADDRESS
MAR 2	5 13/1 Vale A	E. La Ben M.D.	Morton & Dyest	τ F. H. I	701 Laurens St.

SLAID KELLY MT, N.C. ROCKY MT, N.C.

VS 151-REV. 1/1/68

Arlington S. Phillips 1727 N. Monroe Street



IMPORTAN

DIRECTOR:

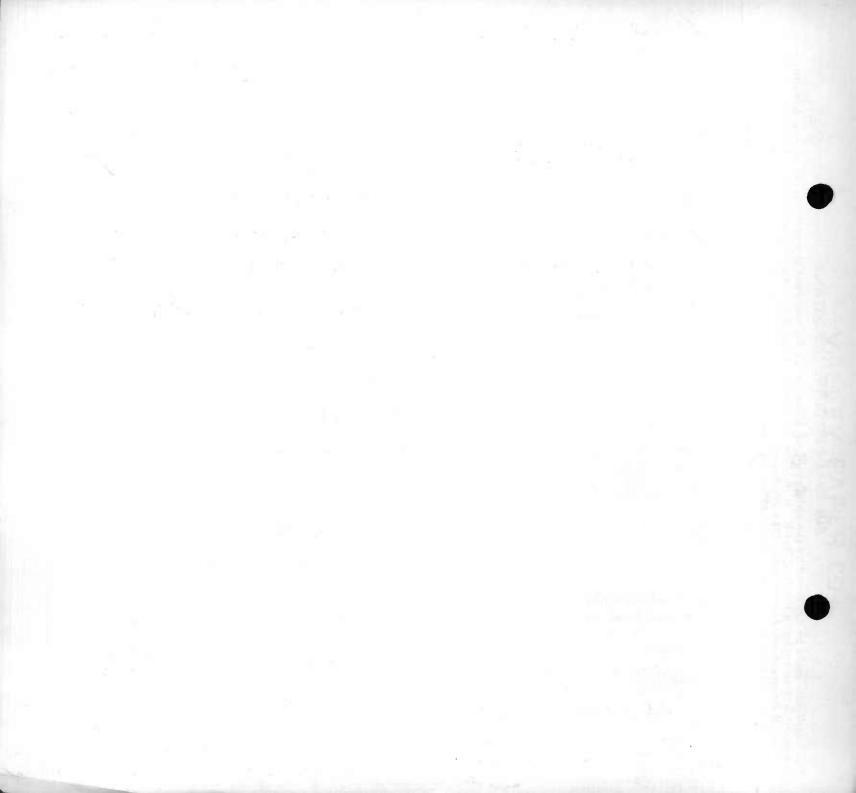
FUNERAL

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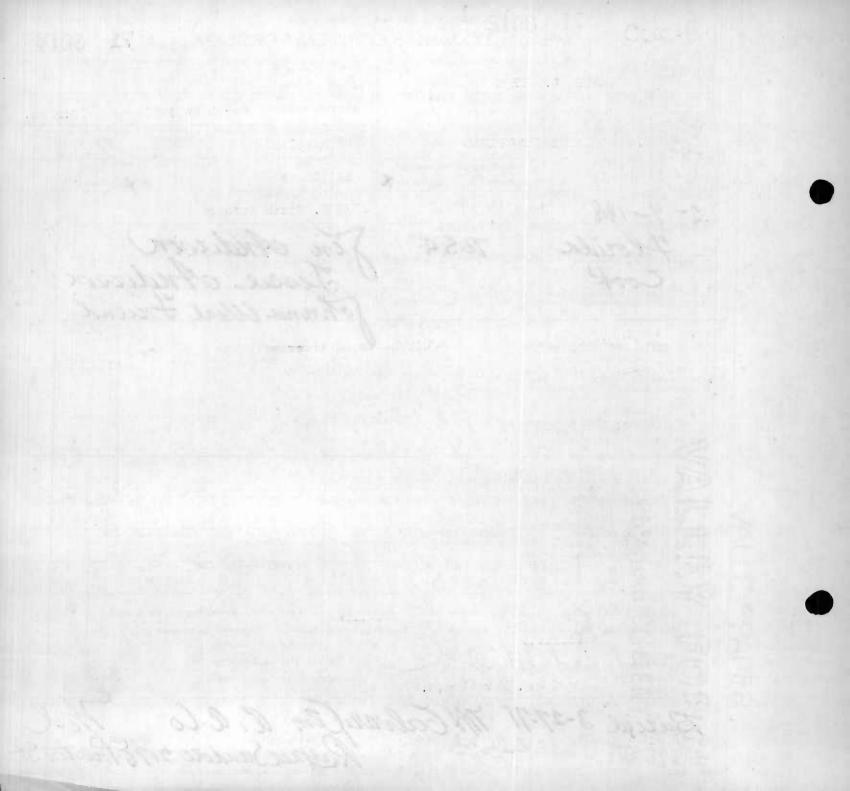
USA'

ADDRESS

If Under 24 Hrs. Hours Min.



11 3012 BALTIMORE CITY HE		74 9049
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	11 3UIR
1. NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour
(Type or Print) MARY L. WISE	OF DEATH Estimoted .	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 24,1971	12:55 A _M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution	n: residence before odmission)
33 JOHNS HOPKINS HOSPITAL	A. STATE Maryland B. COUNTY	908
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	TY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore	ES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUMBER	100
1-9-1908 lost birthdoy) 63 Months, Doys, Hours, Min.	734 E. North Avenue	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	1
MHAT COUNTRY?	In Anderson	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR		
done during most of working life, et en if retired)	Dance office	Lerane!
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT	DDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Tohnas Men +	mien &
19. A CAUSE OF DEA	TH/	APPROXIMATE INTERVAL
0 //171		BETWEEN ONSET AND DEATH
LEADING TO DEATH	sts of Liver	
(A)IMMEDIATE (AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
	TO VERY ORINED	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give ex	yes yes
UNDERLYING OR CONTRIB-	ce bldg., etc.) INJURY OCCUR?	, roconon,
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INITIRY	T WHILE	
23.	VORK	
I certify that I held on Inquiry Inspection Au	ond that on this bosis, death in my	oninlon
resulted from: Natural couses X Accident Suicio		_
resorted from: Datorot Cooses (25) Accident (1) 301cm	CHIEF MEDICAL EXAMINER	
ACTUAL / 1 / 1	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.E		3/24/71
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	-1 -1 1 1 1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORT 24D. LOCATION (Gity, tow	n, or county) (Stote)
REMOVA) (Specify) 3-27-7/ 7/1/ 1/1/	miles Em 10. P. Co	mis
254 DATE DEC'D DY HEALTH DEDT	and and and	100
MAR OF 1971	DE DINEDAL DIDECTOR	
MAR OF INTEREST	125% FUNERAL DIRECTOR	DORESS Poston ST
MAR 26 19/1 VS 151-REV. 1/1/68	Rayner Sander 21	76 Preston St



2SA. DATE REC'D BY HEALTH DEPT. VS 151-REV, 3/1/68

258. NAME OF REGISTRAR

25C, FUNERAL DIRECTOR

ADDRESS

Wm C March

928 E. North Ave.

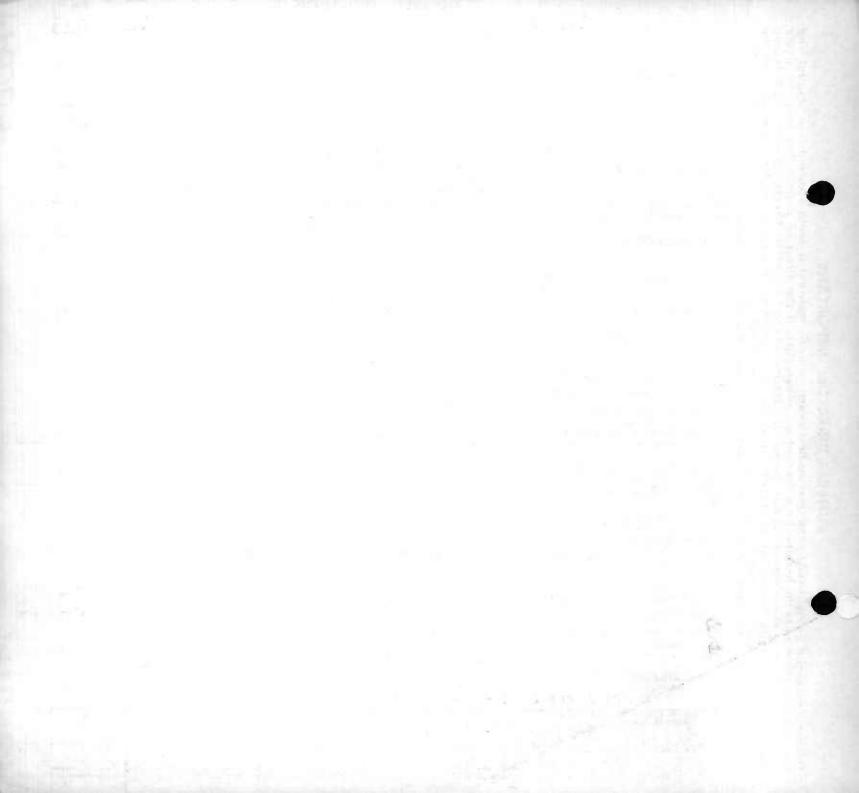
THE STATE OF THE S . OF A STREET, SAME REPORT OF A STREET

VS 151-REV, 1/1/6B

anders N. Cotiffe . Olivery Pearl Coss march area . sent Widow To-911. . In constant states of generality and the second a fallow . mer (1-m) . 2 052 day 0 3 56 m

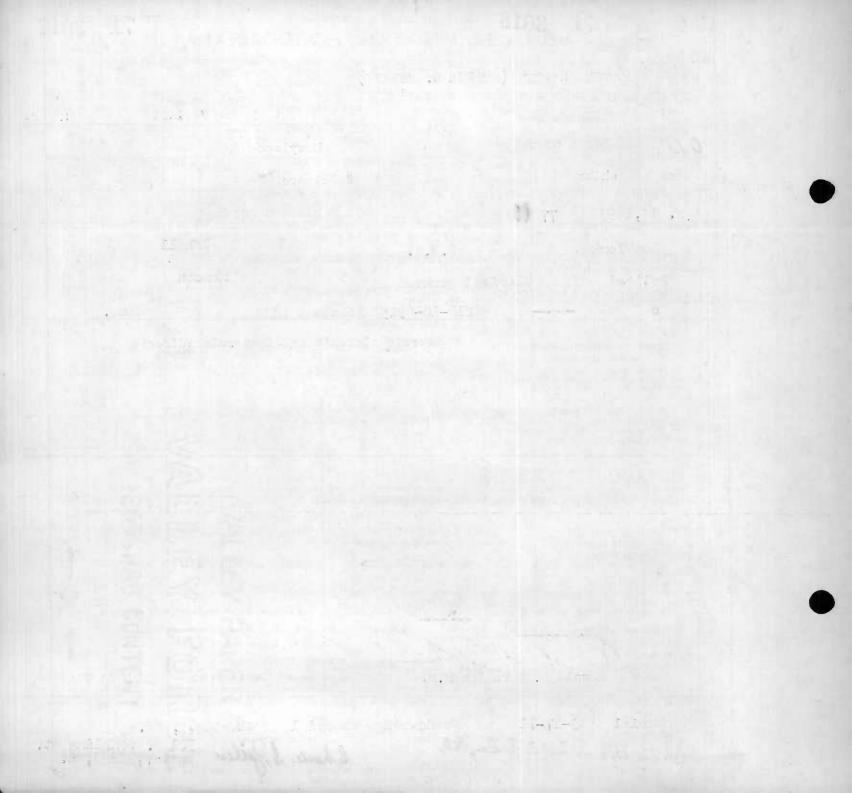
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

0 115	BALTIMORE CITY	HEALTH DEPARTMENT				
D-400 71 301	5 CERTIFICA	TE OF DEATH	REG. NO	71 3015		
1. NAME OF DECEASED (Typo or Print)	Jenny	3/	19 17	6:15 Q. M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whéto	deceased lived. If in	stitution: residence before admission		
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Many land	Baltima	DE CITY LIMITS?		
4 Herior Memoria	1 1tosp.	E. STREET AND NUMBER	or H. Av	YES G NO		
5. SEX 6. RACE 7. MARR WIDOW	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9.	AGE (in years st birthdoy)	il Under 1 Yt. Il Under 24 Hrs. Months Doys Hours Min.		
IOA. USUAL OCCUPATION (GIVE kind of work 108, KIND		11. BIRTHPLACE (State of Toreign	country)	12. CITIZEN OF WHAT COUNTRY?		
done during most of working life, even if refired)		S.C.				
13 FATHER'S NAME		14 MOTHER'S MAIDEN NAM	E			
15. Was Deceased Ever in U. S. Armed Forces?	I 6 SOCIAL	17. INFORMANT		ADDRESS		
15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or dates of service)	SECURITY NO.		11er 43			
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	ir Fallure	t Coma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
LEADING TO DEATH	(A) IMMEDIATE CAL	SE				
(This does not mean the mode of dying, heart failure, asthenia, etc. it means the dise	ise,	A CONSEQUENCE OF:	1			
injury or complication which caused death.)	Chren	: Alcoho	1:500			
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, If any, given is to the above cause (A) stating	ing DUE 10, OR AS	A CONSEQUENCE OF:				
UNDERLYING CONDITION last.	(c)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAI					
DISEASE OR CONDITION GIVEN IN PART 1 (A).		120A-AUTOPSYZ (Yes ot No)	20R IF YES WERE	FINDINGS CONSIDERED		
WAS PERFORMED		20A-AUTOPSY7 (Yes or No)	IN CERTIFYING CA	USES OF DEATH?		
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or obout 21 C. WHERE DID	(II In Boltimo	re City, give exact location)		
OF INJURY (APPROX)	21E INJURY OCCURRED While At Not While Work At Work	215. HOW DID INJU	RY OCCUR?			
22. I certify that (1) (this hospital) attende		2/// 19	1/10	3/19 1971		
that (1) (we) last saw the deceased alive	9/10			nian death accurred on the date		
and hour and from the causes stated above	. (1) (13) (dld not) v	lew the body after death.				
23A. SIGNATURE 23B. DATE SIGNED						
I Land (&	DEGREE Phy		toff hys.	3/19/71		
23C. PHYSICIAN'S NAME (Type) L. EARL	COTMAN MO	23D. ADDRESS Www.	Memori	a) Hoco.		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)		MATORY 24D. LO	CATION (C	ity, town, or county! (State)		
Buria 3/25/71	Mt Calvary C	em Any	undel C	ty md.		
MAR 2.6 1971 Robert C. Tes	Bay M. D.	MM.CMAR	CH 9281	=: North AVE		
VS 150-REV. 1/1/68						



71 30	16 BALTIMORE CITY HEA	ALTH DEPARTMENT			1mg Jr	0-10
BIRTH NO.	CAL EXAMINER'S	CERTIFICATE (OF DEATH	H REG. NO.	71	3016
1. NAME OF DECEASED	H.LOGAN ESAMINER	2. DATE Known COF DEATH Estimoted		Doy	Yeor	Hour M.
PACE IN PARTINORE MARYIAND WHI		3. DATE PRONOUNCED DEAD	Month 3	Doy 25	Yeor 1971	Ноиг 10 а м.
ORINSTITUTION City Hospita1	6-1-71	5. USUAL RESIDENCE (VA. STATE				1011
6. SEX 7. RACE 8.	MARRIED MEVER MARRIED UVIDOWED DIVORCED	C. CITY OR TOWN Balto.		D. INSIDE CITY		
9. DATE OF BIRTH 10. AGE (In yr lost birthday)		E. STREET AND NUMBE				<u>о Ц</u>
11. BIRTHPLACE(State or foreign country) MO	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME James Mino				-
4A.USUAL OCCUPATION (Give kind of work 14 done during most of working life, even if retired)		15. MOTHER'S MAIDEN	NAME		H	
Press Operator C 16. WAS DECEASED EVER IN U.S. ARMED F (Yes, no or unknown) (If yes, give wor or dotes of NO	ORCES? 117. SOCIAL	18. INFORMANT			ORESS 20+h	S+
19.4	CAUSE OF DEAT	iH			APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying	(A)IMMEDIATE C	oid and intra AUSE Subarach no			age	
heart failure, asthenia, etc. It means the di injury or complication which coused death	seose,	AS A CONSEQUENCE OF:				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	IVING DUE TO, OR	ed berry aneur as a consequence of:	ysm			
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. COND	ITRIBUTING E TERMINAL					
DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. COND		AS PERFORMED			21. AUTOP:	SY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year)	228. PLACE OF INJURY(e.g., home, form, foctory, street, office	in or obout 22C. WHERE bldg., etc.)	DID (If in Boltimor UR?	e City, give exoct		
22D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 22E.INJURY OCCURRED WHILE AT NOT AT W	WHILE	D INJURY OCCU	IR?		
23. I certify that I held an Inq		topsy K and that	on this basis,	death in my a	pinian	
resulted fram: Natural cabse	SE Accident Suicid		Undetermin	ned manner 🗌]	
ACTUAL SIGNATURE EXAMINER'S	whatafit > M.D	ASSISTANT MEDI				DATE SIGNED
24A. BURIAL CREMATION. 248. DATE	e Mihalakis, M.D.	ar CREMATORY	24D. LOCATION	(City, town,		/26/71 (Stote)
REMOVAL (Specify) Burial 3/30/7	1 Arbutus Mem	Park	Balto.	100		
	25B. NAME OF REGISTRAR	25C. FUNERAL DI	RECTOR		DRESS	9.
VS 151-REV. 1/1/68		9 0				

C-400 71 3018 BALTIMORE CITY HEADICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 71 3018
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) ARTHUR CAHILL (ARTHUR R. CAHI.	DEATH ESTIMATED M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	March 24,19/1 12:50 P _M
292 Mason Court	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before mission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Male	C. CITY OR TOWN D. INSIDE CITY LIMITS?
WIDOWED L DIVORCED L	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.	
Apr. 14, 1893 77 16	292 Mason Court
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME ? Cahill
New York 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Other
done during most of working life, even if retired)	Unknown
Retired Clerical Worker	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
NO 218-10-6925 CAUSE OF DEA	TH APPROXIMATE INTERVAL
TIX	clerotic cardiovascular disease
heort foilure, osthenlo, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISE ASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAR	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) e bldg., etc.)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (ASPEC) WHILE AT NOT	WHILE ORK
23.	topsy ond that on this basis, death in my opinion
resulted from: Natural couses X Accident Suicident	de Homicide Undetermined monner
X 1 10.1/11	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MICH MICH M.D.	ACCICTANT MEDICAL EYAMINED 37
examiner's Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 3/24/71
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	ge Memorial Elkridge . Md.
25A. DATE REC'D BY HEALTH DERT 25B NAME OF DESISTRAR MAR 29 1971	25c. FUNERAL DIRECTOR 901 SADORESSKLING St. Balto., 21224, Md.
VS 151-REV. 1/1/6B	0 3 0 1 9

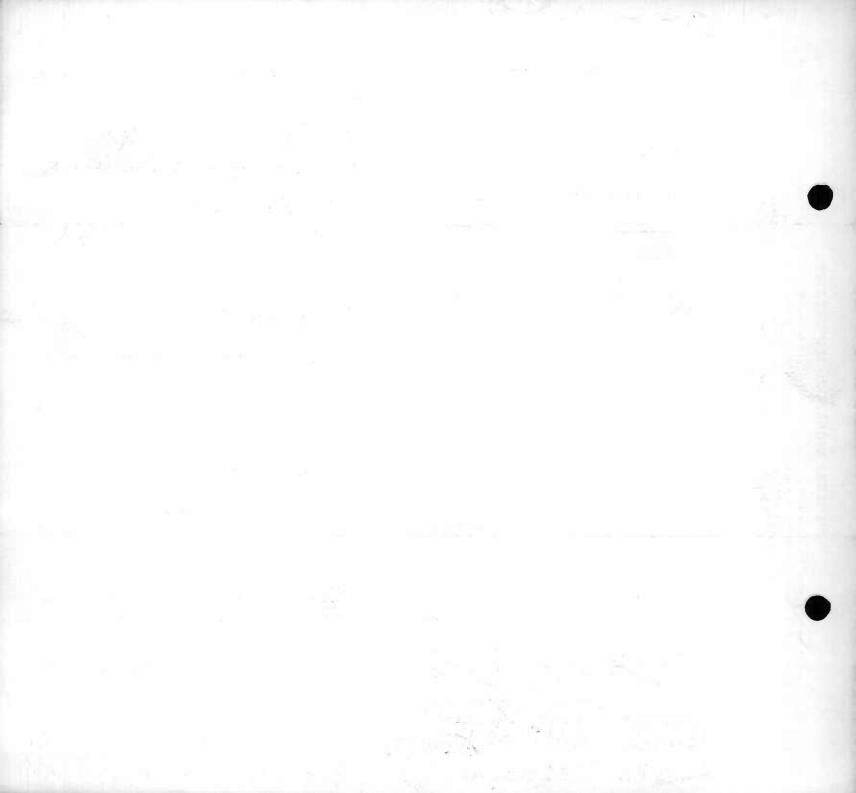


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

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1	-516		3019	CERTIFICA	TE OF DEATH	REG. NO.		
1000000	I NO.			CERTITION				
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			108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	gn country)	12. CITIZEN OF W	HAT COUNTRY?
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	INO			218-14-5346	CHARLES	1804 STA		d
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	DISEAS	E OR CONDITION DI	RECTLY		1 4 0	. 1		e Day
		LEADING TO DEATH		(A) IMMEDIATE CAU	BE Acute, Severe	Upper 6	astrointestine	Bleeding
	this does r	not mean the mode of	dying, e.g.,	011000 00 10				4
		gelberig, atc. it meggs	the disease.	DUE 10, OR AS	A CONSEQUENCE OF:			21.5
	injury or con	asihenia, etc. It means optication which caused	the disease,	DUE 10, OK AS	A CONSEQUENCE OF:		27	ears
	injury of con	ashenia, etc. It means iplication which caused ANTECEDENT CAUSES	death.)		A CONSEQUENCE OF:		1-1	ears
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MEDICAL CERTIFICATION	DISEASES COISE TO THER SIGNIFO THE DEATH OF THE DEATH (notify APPROX.) 21. A CCIDE OF CONTROL OF THE DEATH (notify APPROX.) 22. I certify hat (I) (we) and hour and (3.A. SIGNATI NAME (I) (we) BURIAL CRE	ANTECEDENT CAUSES OR CONDITIONS, If above cause (A) GONDITION last. CHANT CONDITION CONTROL OF CONTROL OF CAUSE OF CONDITION GIVEN IN PARTY OPERATION (Day) (Year) That (I) (this hospital last saw the decease of from the causes starting CAUSE OF	any, giving staling the staling the NTRIBUTING HE TERMINAL IT 1 (A). Charter 218 horner 1 (Hourt 218 Who was a staling to the stal	(B) E SOP DUE TO, OR AS (C) My e (Subdur WHICH OPERATION PLACE OF INJURY (e.g., i) e.g. form, foctory, street, of INJURY OCCURED lile At Not Whill the deceased from May Z G [] (We) ((did) (did not) whill M. D. DEGREE Phy M. D. DEGREE Phy M. D. DEGREE Phy	A CONSEQUENCE OF: A CONSEQUENCE	CES (PA) 20B. IF YES, WE IN CERTIFTING (If in Balti URY OCCUR? 19 65 to 3 out in (my) (aur) of the continuous of th	RE FINDINGS CONSIDERATION OF CAUSES OF DEATH? 238. DATE SIGNET 3/26/7/ City, lown, or/county 1/26	ertension era (years vera Vera de 9-5 ERED
MEDICAL CERTIFICATION	DISEASES COISE TO THER SIGNIFO THE DEATH OF THE DEATH (notify APPROX.) 21. A CCIDE OF CONTROL OF THE DEATH (notify APPROX.) 22. I certify hat (I) (we) and hour and (3.A. SIGNATI NAME (I) (we) BURIAL CRE	ANTECEDENT CAUSES OR CONDITIONS, If of above cause (A) of CONDITION last. CHANT CONDITION CONTROL OF CONTROL OF CAUSE OF CONDITION GIVEN IN PAR OPERATION 1978. CON WAS PER NT WAS UNDERLYING JUNE CAUSE OF CONTROL OF CAUSE	any, giving staling the staling the NTRIBUTING HE TERMINAL IT 1 (A). Charter 218 horner 1 (Hourt 218 Who was a staling to the stal	(B) E SOP DUE TO, OR AS (C) My e (Subdur WHICH OPERATION PLACE OF INJURY (e.g., i) e.g. form, foctory, street, of INJURY OCCURED lile At Not Whill the deceased from May Z G [] (We) ((did) (did not) whill M. D. DEGREE Phy M. D. DEGREE Phy M. D. DEGREE Phy	A CONSEQUENCE OF: A CONSEQUENCE	CES (PA) 20B. IF YES, WE IN CERTIFTING (If in Balti URY OCCUR? 19 65 to 3 out in (my) (aur) of the continuous of th	RE FINDINGS CONSIDERATION OF CAUSES OF DEATH? 238. DATE SIGNET 3/26/7/ City, lown, or/county 1/26	ertension era (years vera Vera de 9-5 ERED
MEDICAL CERTIFICATION	DISEASES COISE TO THER SIGNIFO THE DEATH OF THE DEATH (notify APPROX.) 21. A CCIDE OF CONTROL OF THE DEATH (notify APPROX.) 22. I certify hat (I) (we) and hour and (3.A. SIGNATI NAME (I) (we) BURIAL CRE	ANTECEDENT CAUSES OR CONDITIONS, If above cause (A) GONDITION last. CHANT CONDITION CONTROL OF CONTROL OF CAUSE OF CONDITION GIVEN IN PARTY OPERATION (Day) (Year) That (I) (this hospital last saw the decease of from the causes starting CAUSE OF	any, giving staling the staling the NTRIBUTING HE TERMINAL IT 1 (A). CHOUN 21E, Who would attended to attended to alive on	(B) E SOP DUE TO, OR AS (C) My e (Subdur WHICH OPERATION PLACE OF INJURY (e.g., i) e.g. form, foctory, street, of INJURY OCCURED lile At Not Whill the deceased from May Z G [] (We) ((did) (did not) whill M. D. DEGREE Phy M. D. DEGREE Phy M. D. DEGREE Phy	A CONSEQUENCE OF: A CONSEQUENCE	CES (PA) 20B. IF YES, WE IN CERTIFTING (If in Balti URY OCCUR? 19 65 to 3 out in (my) (aur) of the continuous of th	RE FINDINGS CONSIDERATION OF CAUSES OF DEATH? 238. DATE SIGNET 3/26/7/ City, lown, or/county 1/26	ertension era (years vera Vera de 9-5 ERED

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71 30%	BALTIMORE CITY	HEALTH DEPARTMENT		mid 0000
9-565 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	71 3020
NAME OF DECEASED Type or Print)		2. DATE ANI	HOUR OF DEATH	
Rose Gammerman 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	March	25, 1971	8:45 A. stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) Levindale		C. CITY OR TOWN E. STREET AND NUMBER	Υ	DE CITY LIMITS? YES NO
		Greenspre	nei d 130	for level
Female Caucasian WIDOWED	DIVORCED	1894 Seal "	ast birthdoyl	If Under 1 %. If Under 24 H Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNT
		Russia		1150
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
S. Was Deceased Ever in U. S. Armed Farces? es, no or unknown) (il yes, give wor or dales at service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO -		Hosp ch-	W	
18. 4/2 31	CAUSE OF DEATH	1		APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DE
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.	(B)	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	Renal Insufficie	ency	
19A-DATE OF OPERATION 198. CONDITION FOR WE WAS PERFORMED	HICH OPERATION	Yes or No.	208, IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF home, etc.)	LACE OF INJURY (e.g., ir larm, lactory, street, all	or obout 21 C. WHERE DID ince bidg. INJURY OCCUR?	(If In Baltimore	City, give exact location)
21D-TIME (Month) (Day) (Year) (Haur) 21E, I OF INJURY (APPROX.I While Work	At Not While	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this hospital) attended the	deceased from F	ebruary 8 19	65to_March	25 1971
that XX(we) last saw the deceased alive an	March 25	1 9 .71 and the		ian death occurred on the do
and hour and from the causes stated above.	(We) (dld) (We) (eW)			
23A_SIGNATURE	,/			23B, DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys	nding Med. S Director P	hys.	March 25, 1971
23C.PHYSIMAN'S NAME (Type) Theodore R. Reif		Levindale		
AA. BURIAL CREMATION, 248. DATE , 24C.NAA				
REMOVAL (Specily) 3/20/7(O L) 5A. DATE REC'D BY HEALTH DEPT. ISSB. NAME OF	Knosseth	MATORY 24D. LO	3 alter	y, tawn, or county) (State) ADDRESS



pital and of death Deceased

or contributing cause etermined cause; (5)

IMPORTANT

FUNERAL DIRECTOR:

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BIRTH NO.	./1 3021	CERTIFICA	TE OF DEATH	REG. NO		
Type or Print	sler, Willi	am	2. DATE A	NO HOUR OF DEATH	5-7/ 135	0
	ARYLAND, WHERE PRONOUNG	CED DEAD	A. STATE B. COU	era deceased lived. If	institution: residence	1 /
FULL NAME OF (IF NO ADDRESS INSTITUTION	OT IN HOSPITAL OR INSTITUTION LESS OR LOCATION)	ON, GIVE STREET	Maryland . \	5 D. IN	SIDE CITY LIMITS?	6611
3 Baltime	rn Ave. Baltimore	Seitals.	E. STREET AND NUMBER		YES X	NO [
4940 Laster			10482	, Stieglo	land l	Ave 19
Wate M	WIDOWED	NEVER MARRIED DIVORCED	2/28/30	lost birthdoy)	Months Days	If Under 24 Hrs. Hours Min.
done during most of working life,	even if retired)		11. BIRTHPLACE State or loss Maryland	eign country)	12. CITIZEN OF	WHAT COUNTRY

done during most of working life, even if retired)	
UNEMPLOYED	LABORE
13. FATHER'S NAME	

14. MOTHER'S MAIDEN NAME

u.S.A.

August Hensler

Mathilda Sauer 17. INFORMANT

ADDRESS 4940 Eastern Ave.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service)

SECURITY NO. BCH Records: CAUSE OF DEATH

DUE TO, OR AS A CONSEQUENCE OF:

Baltimore, Md. 21224

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

lThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last

OR AS A CONSEQUENCE OF

(c).

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED

20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined)

218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, larm, factory, street, office bldg., INJURY OCCUR?

(II In Baltimore City, give exact location)

MEDICAL 21D. TIME OF INJURT (Month) (Day) (Your) (APPROX.)

(Hour) 21 & INJURT OCCURRED Not While While At Work

21F. HOW DID INJURY OCCUR?

22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an-

12/13/20 19 20 to 3/25/94 19_7/ and that in(my) (aux) apinion death accurred on the date

and have and from the causes stated above. (1) (14) (did) (did not) view the bady after death. 23A. SIGNATUR

M.D.

23C. PHYSICIAN'S NAME (Type)

Attending 23D. ADDRESS

23B DATE SIGNED Baltimore City Hospitals

Allan Krumholtz 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

4940 Eastern Ave. Baltimore, Md. 21224 24C. NAME at CEMETERY of CREMATORY

24D. LOCATION

LAWN CEM

EASTERN 25C. FUNERAL DIRECTOR

(City, town, or county)

VS 150-REV. 1/1/68

death) hospital was released must deceased prior to approval at the body was D.O.

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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
March 22, 1971 (Type or Printl R.S.M. Sister M. Victoria Riggin death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE FULL NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION c. city or town Baltimore D. INSIDE CITY LIMIT YES K E. STREET AND NUMBER Mercy Hospital 5707 Smith Ave 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years disposition is ma Il Under 1 Yr. deceased F 10-26-00 1899 WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Religious Sister of Mercy
13 FATHER'S NAME Baltimore. Md. 14 MOTHER'S MAIDEN NAME Joseph Riggin
15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (II yes, give war or doles of service) Margaret Clinton 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance Sr. Charlotte RSM 5707 Smith Ave 10 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, 10 injury or camplication which caused death.) regul ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTUBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street office bldg., INJURY OCCUR? (If in Boltimoro City, give exect location) MEDICAL å DEATH (notify medical examined obtained 21 D. TIME OF INJURY 9 (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Not While While At [(APPROX) and 22. I certify that (1) (this hospital) ottended the deceased from 19. 7/ ta that (1) (last saw the deceased alive on_ death) and hour and from the causes stated above. (1) (We) (did) (did view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending [Stoff Phys. Med. 0 approval Director 23C. PHYSICIAN'S NAME IType) prior 23D. ADDRESS Dr. Malek Mercy Hospital 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) pespese 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) written Mar. 26, 1971 Mt. St. Agnes Cem. Baltimore. Md. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd. VS 150-REV. 1/1/68

NO

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

if Under 24 Hrs.

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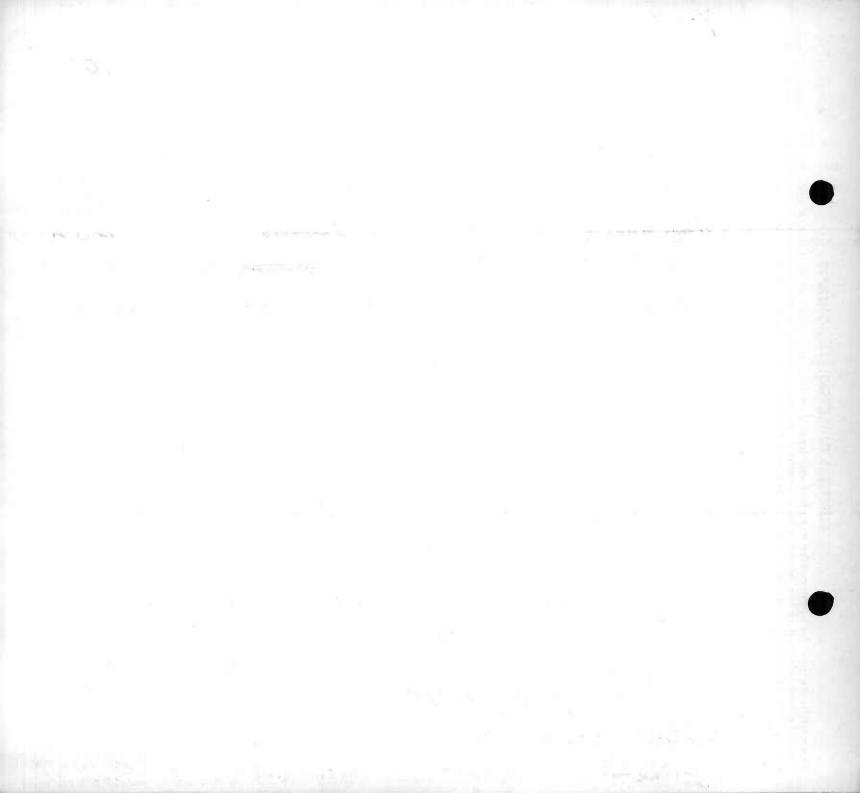
1	BALTIMORE CITY	HEALIH DEPAKIMENT	111	0000
D-125 71 30	CERTIFICA	TE OF DEATH X	REG. NO.	3043
T. NAME OF DECEASED	150N	2. DATE AND HO	UR OF DEATH	1 945 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where det	eased lived. If institution	residence befare admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND		530
INSTITUTION ADDRESS OF LOCATION		C.CITY OR TOWN Catonsvi	D. INSIDE CITYES	LIMITS?
THE UNION MEMORIA	L HOSPITAL	E. STREET AND NUMBER 1027 INGLE	ESIDE A	VE,
	IED NEVER MARRIED	8. DATE OF BIRTH 9. AG	E (in years Il Ur	ider 1 Yr. If Under 24 Hr.
FEMALE WHITE WIDOW	DIVORCED	5-30-93	E (In years rihday) 77 Il Ur Monti	18 Day's Hours Willia,
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign co		ITIZEN OF WHAT COUNTE
HOMEMAKER		MARYLAND		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
ALBERT E. DORR	IDA	EUSEBIA L	DAY	
5. Was Decoased Ever in U. S. Armed Forces? Yes, no of unknown)[lif yes, give wor at dotes af servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
No	277 01 994D	Mrs. Marguerite Hi	psley 4103 R	oland Ave
18. 203 XI	CAUSE OF DEAT		. \ A 2	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mul	upie rugeror		6 mouth
(This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE V A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dise	ose,	A CONSEQUENCE OF:		
injury or complication which caused death.) ANTECEDENT CAUSES				
	(B) DUE TO OP AS	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, given ise to the above cause (A) stating	the	A CONSEQUENCE ON		de
UNDERLYING CONDITION last	(c)			9
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG.			1
TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED. 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B	IF YES, WERE FINDIN CERTIFYING CAUSES O	GS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21& PLACE OF INJURY (e.g., in home, form, factory, street, at etc.)	or about 21C, WHERE DID	(If In Boltimore City,	give exact location)
Q 210-TIME (Month) (Day) (Year) (House	21E INJURY OCCURRED	215. HOW DID INJURY	CCUR	
S OF INJURY				
	White At Not White At Work			
22. I certify that (1) (this haspital) attend	TYOIR LAS AT TYOIR	•		/23 19 7/
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive	ed the deceased from	3/6 19.7		
that (1) (we) lost sow the deceased olive	ed the deceased from	3/6 19.7 19.7/ ond that in		
	ed the deceased from	3/6 19.7 19.7/ ond that in	/_to3 (my) (aur) opinion d	
that (!) (we) lost sow the deceased alive and haur and from the couses stated above	ed the deceased froman	3 / 0 19 7 19 7 19 7 ond that in liew the body after death.	/_ta3 (my) (aur) opinion d	eath accurred on the da
ond haur and from the couses stated above 23A. SIGNATURE W. J. L.	ed the deceased from 3/23 (We) did (did not) v	3 / 6 19 7 19 7 19 7 19 7 ond that in liew the body after death.	/_ta3 (my) (aur) opinion d	eath accurred on the do
that (1) (we) lost sow the deceased alive and haur and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAIR'S NAME (Tybe)	ed the deceased froman	3/6 19.7 19.7/ ond that in liew the body after death. Inding Med. Stuff Phys.	/_ta3 (my) (aur) opinion d	eath accurred on the da
that (1) (we) lost sow the deceased alive and haur and from the couses stated above 23A. SIGNATURE 23G. PHYSICIAN'S NAME (Tybe) W. Gratton He 24A. BURIAL CREMATION, 1248. DATE	ed the deceased from 3/23 (We) did (did not) v	3/6 19 7 19 7/ ond that in liew the body after death. Inding Director Phys. 23D. ADDRESS 21 H Quality	Lta 3 (my) (aur) opinion d 238. E	eath accurred on the da
that (I) (we) lost sow the deceased alive and haur and from the couses stated above 23A. SIGNATURE 23G. PHYSICIAN'S NAME (Tybe) W. Grafton He 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	ed the deceased from 3/23 e. (We) (did) (did not) v DEGREE Phy PS DET PEN DEGREE	3/6 19 7 19 7/ ond that in liew the body after death. Inding Director Staff Phys. 23D. ADDRESS 24D. LOCAT	Lta 3 (my) (aur) opinion d 238. E	eath accurred on the do ATE SIGNED 3/23 Bulding
that (1) (we) lost sow the deceased alive and haur and from the couses stated above 23A. SIGNATURE 23G. PHYSICIAM'S NAME (Tybe) W. Gratton He 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ed the deceased from 3/23 e. (We) (did) (did not) w DEGREE Phy C. NAME of CENETERY of CRI Angel Hill Cemet ME OF REGISTRAR.	3/6 19 7 19 7/ ond that in liew the body after death. Inding Med. Staff Phys. 23D. ADDRESS 24D. LOCAT EMATORY 24D. LOCAT Havre 25C. FUNERAL DIRECTOR	/ to 3 (my) (aur) opinion d 238, E Corts ION (City, town de Grace	DATE SIGNED 3/23 Bulding of county! Md ADDRESS
thot (1) (we) lost sow the deceased olive ond hour and from the couses stated above 23A. SIGNATURE 23G. PHYSICIAN'S NAME (Type) W. Grafton He 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 3/25/71	ed the deceased from 3/23 e. (We) (did) (did not) w DEGREE Phy C. NAME of CENETERY of CRI Angel Hill Cemet ME OF REGISTRAR.	3/6 19 7 19 7/ ond that in liew the body after death. Inding Med. Staff Phys. 23D. ADDRESS 2(14 Well Carry 24D. LOCAT	/ to 3 (my) (aur) opinion d 238, E Corts On (City, town de Grace	PATE SIGNED 3/23 Bulding The or county? Md ADDRESS

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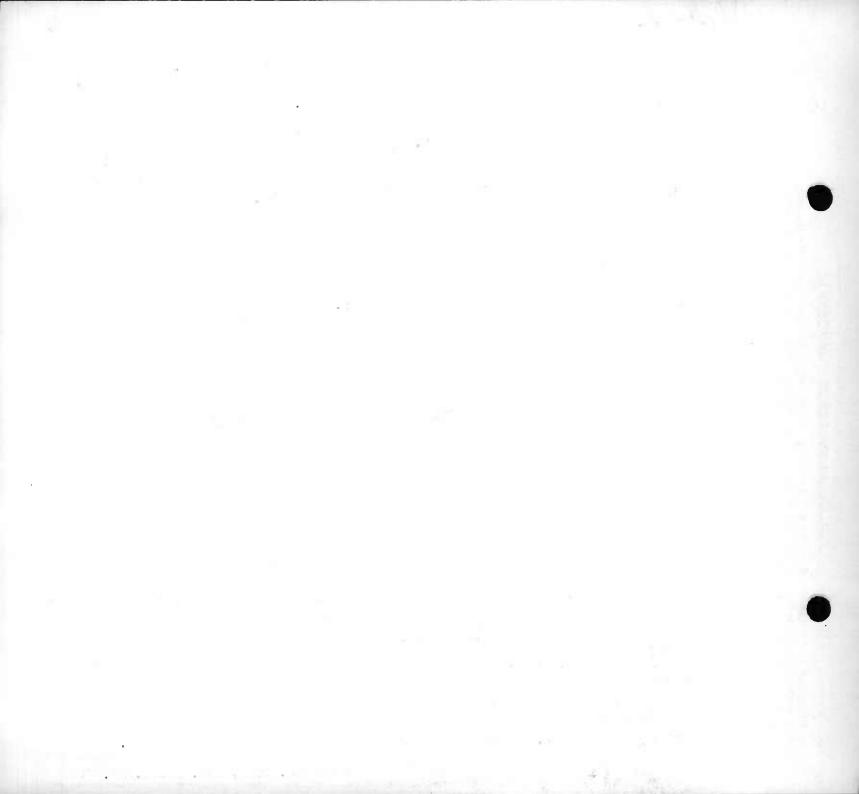
A-212 BIRTH NO.	71	0001	HEALTH DEPARTMENT		71 3024
1. NAME OF DECEAS	SED	OLD J. ASBECK	2. DATE	and hour of death RCH 22, 19	071
FULL NAME OF HOSPITAL OR INSTITUTION	ORE, MARYLAND, W	AL OR INSTITUTION, GIVE STREET	A. STATE B. CO MARYLAND C. CITY OR TOWN BALTIMORE E. STREET AND NUMBE	Where deceased lived, If in	IDE CITY LIMITS? YES E NO VAY APTS.
MALE I	WHITE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 1/17/14	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of work BREWING	ing life, even if refired}	NAT'L BREWING O	O COLUMBUS		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME FRAI	NK ASBECK		14. MOTHER'S MAIDEN	NAME BARTOLICK	
15. Wes Decessed Eve (Yes, no or unknown! (If	er in U. S. Armed Force yes, give wor or dotes	of servicel 300 03 1542	MRS. R. J.	ASBECK BA	ADDRESS ALTIMORE, MD.
(This does not heart failure, astliniury ar camplic ANT DISEASES OR rise to the a UNDERLYING CONTERSIGNIFICATION THE DEATH BID DISEASE OR CONTERSION THE DISEASE OR CONTERSIO	II NT CONDITIONS CON UT NOT RELATED TO TH DITION GIVEN IN PART	ny, giving DUE TO, OR AS slating III	A CONSEQUENCE OF: A CONSEQUENCE OF:	No) 208, IF YES, WERE I	I) Y IZANS
21A A CCIDENT VOR CONTRIBUTION DEATH (notify med	WAS UNDERLYING DE GOOD	21B. PLACE OF INJURY (e.g., Inhome, form, foctory, street, of	n or about 21 C. WHERE DIE	IN CERTIFYING CAI	e City, give exoci locotion)
21 D. TIME (M. OF INJURY (APPROX.)	onth) (Doy) (Year)	(Houd) 21E INJURY OCCURRED While At Not While Work At Work		INJURY OCCUR?	
that (1) (we) las	t saw the deceased		\$ AUGUST	that In (my) (amp) opli	PRICSIZA) 19
23A. SIGNATURE 23C. HIYSICIAN'S NAME (Type)	+ Neths	MA) DEGREE Phys	nding Med. Director Director Director	Shaff Phys.	23R DATE SIGNED 2 3 Must 7/
24A. BURIAL CREMAT REMOVAL (Speci BURIAL	$DR \cdot J \cdot L$	IXON HILLS 24C. NAME of CEMETERY of CRE PARKWOOD CEME			ly, lown, or county) (Stote) MD •
MAR 29 19	HEALTH DEPT.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS

 FUNERAL DIRECTOR:

1/ ///	BALTIMORE CITY	HEALTH DEPARTMENT		•
V-6/6 EIRTH NO. 74 3025		TE OF DEATH	REG. NO.	71 3025
(Typo or Print) LILLIAN B. YARBRO	ИСИ	2. DATE AN	D HOUR OF DEATH	1845
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	TION, GIVE STREET	MARYLAWD C.CITY OR TOWN		DE CITY LIMITS?
77		BALTIMORE		YES NO
THE UNION MEMORIAL HO		E. STREET AND NUMBER	RKLAWNA	VE.
FEMALE WHITE WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (in yours lost birthdoy)	II Under 1 Yr. If Under 24 H Manths Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lare	an country)	12. CITIZEN OF WHAT COUNT
HOMEMAKER		ILLINOIS	, coomy,	4.5.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
FRANK YATES		Francisco de la companya della companya della companya de la companya de la companya della compa	H. GRACE	E HARRELL
S. Was Deceased Ever in U. S. Armed Forces? Yes.no ar,unknawn) (If yes, give wor or datas of servica)	1 6. SOCIAL	7. INFORMANT		ADDRESS
4/	SECURITY NO.	V .		
18.	2/3/07/7273	H. DENNIS Y	ARBROUEH	SAME AS HE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	METAS	TATIC CARCINO	MATOSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:		********
hearl failure, aslhenia, etc. It means the disease, injury as camplication which caused death.)				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	(B)	CONSEQUENCE OF:		*************
rise to the abave cause (A) stoling the UNDERLYING CONDITION last.	(C)	CONSEQUENCE OF:		
	(- ,			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
19A. DATE OF OPERATION THE CONDITION TO W	HICH OPERATION	120A AUTOROXOV		
WAS PERFORMED	- OPERATION	20A-AUTORSYZTYes of No.	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
Co contrata	LACE OF INJURY (e.g., in lorm, foctory, straet, affice	or obout 21 C. WHERE DID	(If In Boltimore	Cily, give exoci iacotion)
OF INJURY (Month) (Day) (Year) (Hour) 21E.	NJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	At Work			
22. I certify that (1) (this hospital) attended the				25/7/ 19.71
that (1) (we) last sow the deceased alive on	3/25	197/and the	t in (my) (aur) apini	an death accurred an the da
and hour and from the couses stated above.	(We) (dld not) vie	w the body after death.		
23A. SIGNATURE			2	3B, DATE SIGNED
1 Chec	Atteno Phys.	ling Med.	Stoff Ays.	3/25/71
23C. PHYSICIANS NAME (Type) 155AM E. C	OT ONCE	D. ADDRESS	Memore	of Horpital
REINTO VAL (Specify)	AE of CEMETERY OF CREM	ATORY 24D. LO		town, or county) (Stote)
REMOVAL 3-26-71		Han	mond	India
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR		ADDRESS
MAR 29 19/1 Laber E. Jacke	3 16th ()	Win Cadic-Brook	S Towson Two	C. TEWSON MA
150-REV. 1/1/68			- 1003614 -14	- LEWSEN INC.



BIRTH I		71	3026	CERTIFICA			REG. NO	71	3026	
(Type o	NE OF DECEASED	WILH	ELMINA	GRAVES			26, 1971.	17	55 /	7.1
3. PLA	CE IN BALTIMORE	MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RES	IDENCE (When	e deceosed lived. If	institution; resid	lence before adm	is sion)
FULL N HOSPIT		NOT IN HOSPIT DDRESS OR LOCA	AL OR INSTITUTI ATION)	ON, GIVE STREET		Id.		SIDE CITY LIMI	737	
01	68	32 Sturbr	idae Driv	re (Apt. B)	Bal	ltimore		YES 🔀	NO 🗌	
)	rugo Diriv	o (Apos D)	E. STREET AN		6832 Sturb	ridge Dr	ive	
		hite	WIDOWED	NEVER MARRIED DIVORCED	March &	3. 1895	9. AGE (In years last birthdoy)	If Under 1 Months Do	Yr. If Under 2 bys Hours A	4 Hrs. Vin.
Но	ousewife	N (Give kind of work life, even if retired)	108 KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLAC	New Yor		12. CITIZEN	USA	UNTRY
13. FAT	HER'S NAME	Frank M	iller		14. MOTHER'S	MAIDEN NAM	Elizab	eth You	mo	
15. Was	Deceased Ever in	U. S. Armed for	ces? 1 6	SOCIAL	17. INFORMAN	ī			DDRESS	
	of unknown) (If yes,	, give wor or dote	s of service)	SECURITY NO.	Mr. 01	laude Gr	aves		(Same)	
NOITH DISE	SEASES OR COID I IO THE BOOK I DERLYING CONI HER SIGNIFICANT OF THE DEATH BUT NO EASE OR CONDITION	a, etc. It means n which caused EDENT CAUSES NDITIONS, if e cause (A) DITION last. I CONDITIONS COTO TO THE CONDITIONS COTO TO THE CAUSE IT ON BY PARK	the disease, death.) any, giving stoling the NTRIBUTING IE TERMINAL 1 (A).	(B) DUE TO, OR AS	A CONSEQUENCE), Arthu Alse	polley ase etor: //	oble stre Ulitus			pode
194	DATE OF OPERA	WAS PERF	ORMED	CH OPERATION	20A. AUTOP	SY? (Yes or No)	208 IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED ATH?	
U 21 A	ACCIDENT WAS CONTRIBUTING [CAUSE OF	218, PL/ home, (etc.)	ACE OF INJURY (e.g., i form, foctory, street, or	n or obout 21 C. W	HERE DID Y OCCUR?	(If In Boltimo	re City, give ex	coct location)	
	TIME (Month) INJURY PROX.)	(Doy) (Yeor)	(Hour) 21E IN. While Work	At Work		OR DID INJU	RY OCCUR?			
22.	I certify that (I)	(this hospital)	attended the	deceosed from 10	113/69	19	7to_3/_	Ų	197/	/
that	t (I) (we) lost so	w the decease	d olive on 3	14	19.7/		t In (my) (our) opi			
ond	hour and from t			Ke) (did) (did not) v	lew the body o					
	SIGNATURE	1/40	and M	Atte		led. Sirector P	itaff hys.	23 B, DATE S	26/7/	
	PHYSICIAN'S NAME (Type)	AMS HIL) HAME		201-	E. Jo	PPA Pd	to W	SON E. d	′ク
24A. BUI	RIAL CREMATION MOVAL (Specify) urial	3/29/71		of CEMETERY of CRE		24D. LO	CATION (C	ity, town, or co	unty) (Sto	itel
	TE REC'D BY HEA	LTH DEPT.	25B NAME OF R	EGISTRAR	25C. FUNERA	AL DIRECTOR	ck, Inc. B		ADDRESS	
Vs 150-1	REV. 1/1/68		ANGEL OF	4	7 7 7		,		T	

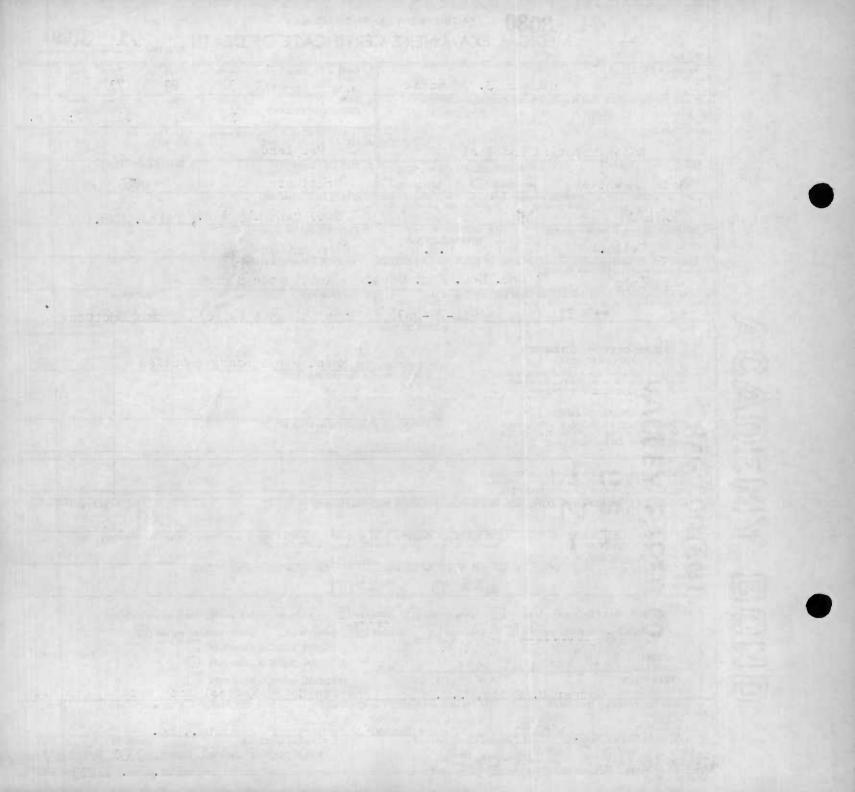


VS 150-REV. 1/1/68

Aunte Corner Hunder HASCUD 001 ment of the

VS 150-REV. 1/1/68





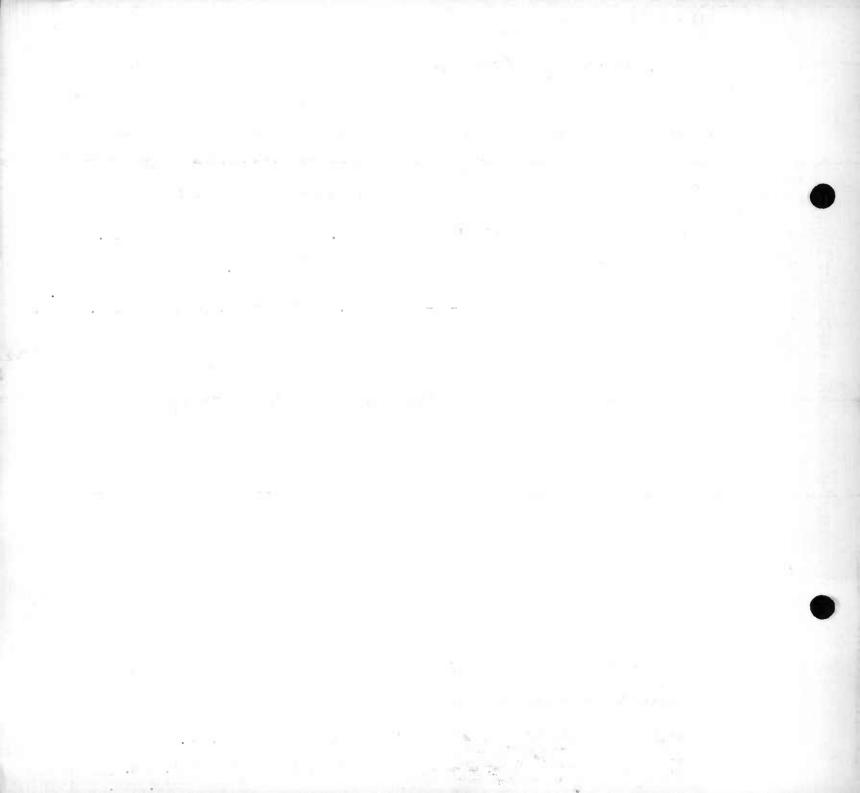
Balto. Md. 21213

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B



Gardens of Faith

25C. FUNERAL DIRECTOR

Balto. Md.

Schimunek Funeral Home, 3331 Brehms Lane Balto.

Md. 27273

REMOVAL (Specify)

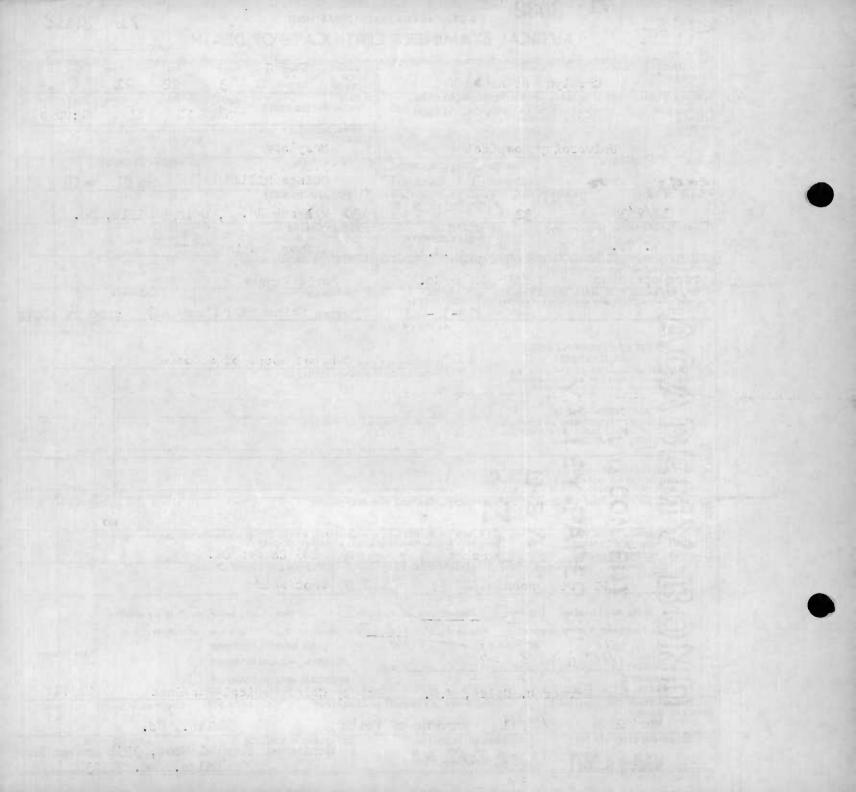
VS 151-REV. 1/1/68

burial

25A. DATE REC'D BY HEALTH DEPT.

3/26/71

25B. NAME OF REGISTRAR

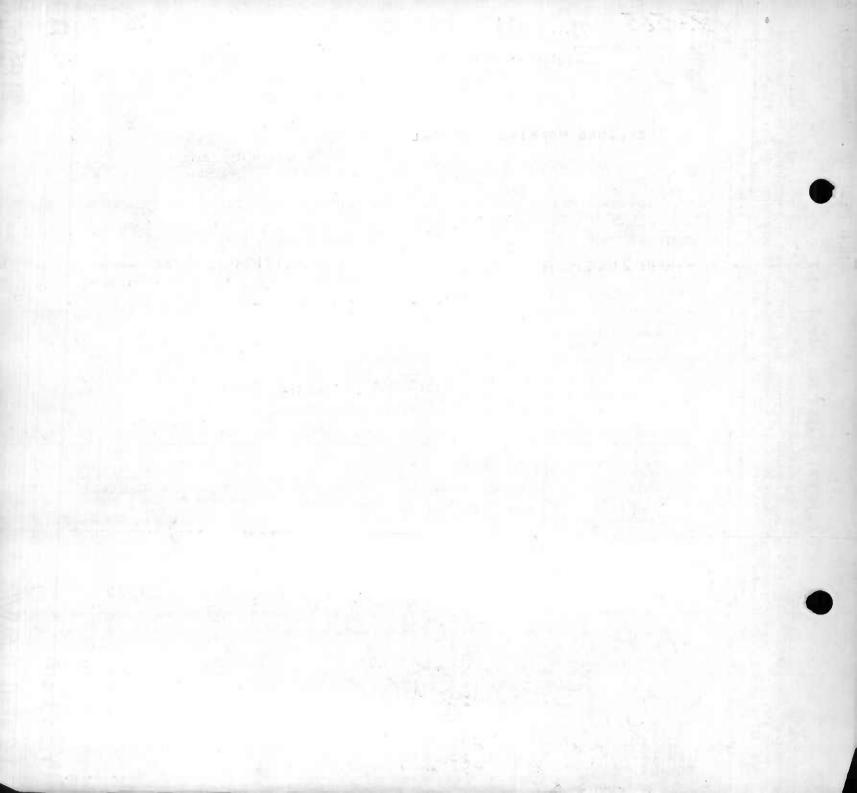


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

- 1	,		BALTIMORE CITY	Y HEALTH DEPARTMENT	
BIRTH NO.	4 71	3033	CERTIFICA	TE OF DEATH REG. NO	71 3033
1, NAME OF DEC	CHASED Engelh	ardt		2. DATE AND HOUR OF DEAT	н
	ENGELH	ARDT. Ma	atilda	3/数4★ 24/7	1 10:25 a.m.
3. PLACE IN BA	LTIMORE, MARYLAND, Y	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. II	institution: residence belore admission)
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland	702
NSTITUTION	7,00,1120 01 100			C. CITY OR TOWN	ISIDE CITY LIMITS?
33				Baltimore	YES 🔼 NO
The C	Johns Hopki	ns Hosp	pital	905 N. Belnord Aven	ue
. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years	II Under 1 Yr., II Under 24 Hrs.
Female	White	WIDOWED	DIVORCED	9/15/96 lost birthdayl 74	Months Days Hours Min.
one during most of	WPATION (Give kind of working life, even if refired)	WIOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE				Czech.	U.S.
FATHER'S NA		1		14. MOTHER'S MAIDEN NAME	
	Tales Dath				
	John Roth				
es, no of unknown	Ever in U. S. Armed Fo	es of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no			220-22-5133	Lawrence Engelhardt, (hus	sband) same address
18. 44 6.	- A W		CAUSE OF DEAT		APPROXIMATE INTERVAL
	SE OR CONDITION D	IDECTI Y			BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEATH			Para	101
(This does	not mean the mode of	dying, e.g.,	DUE TO, OR AS		10h
heart failure,	asthenia, etc. It means	s the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	
	mplication which caused			0. 1 0 0 1 1	
	ANTECEDENT CAUSES	S	(R)	eft Ventreuler tach	e 124h
	OR CONDITIONS, if		DUE TO, OR AS	ACONSEQUENCE OF:	***************************************
	e above cause (A) G CONDITION last	stating the		Mustrale Cala Endo	2 3-80
UNDEKLIIN	G CONDITION 10SE		(C)	reading from charter	2 (0 (0).
TO THE DEAT	FICANT CONDITIONS CO TH BUT NOT RELATED TO T	THE TERMINAL		4	
	ONDITION GIVEN IN PAI		VHICH ORDATION	120A A 120 DEVE (Von on No.) 208 15 Von 1400	
27	WAS PER	RFORMED	THICH OFERATION	20 A AUTOPSYT (Yes of No.) 20 B. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTINO CAUSE OF medical examined	218. hom	e, form, foctory, street, of	n or obout 21 C. WHERE DID (If in Boltim	ore City, give exact location)
31					
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)		Whi	Not While	• 🗆 📗	-
		1000			-1
		44 4 4			76.
22. I certify	that (1) (this haspita		ne deceased from	5/8 19 // to	0/24 19/
22. I certify	that (1) (this haspita last sow the decease		ne deceased from	1 /	olnion death accurred on the dote
22. 1 certify that (1) (we)	last sow the decease	ed alive an	8/	19 7/ and that In(my) (our) o	
22. 1 certify that (1) (we)	last sow the deceased from the causes sto	ed alive an	8/	1 /	olnion death accurred on the dote
22. 1 certify that (I) (we) and haur one	last sow the deceased from the causes sto	ed alive an	(We) (dld) (dld not) v	19and that in(my) (our) of the bady ofter deoth.	
22. I certify that (1) (we) and haur one 23A, SIGNATU	d from the causes sto URE Lack A Musson	ed alive an) (We) (did) (did not) v	19 and that In(my) (our) of the bady ofter death. Inding Med Staff	olnion death accurred on the dote
22. I certify that (I) (we) and haur one	d from the causes sto URE Laul /4 Musson	ed alive an) (We) (did) (did not) v	19and that in(my) (our) of the bady ofter deoth.	23B, DATE SIGNED
22. I certify that (I) (we) and haur on- 23A. SIGNATU 23C. PHYSICIA NAME (1)	d from the causes sto URE ANS Type Michael MATION, 1246, DATE	ed alive an) (We) (did) (did not) v	and that in (my) (our) of the the bady ofter deoth. Inding Director Phys. 23D. ADDRESS The Johns Hopkins H	23R, DATE SIGNED
22. 1 certify that (1) (we) and haur on: 23A. SIGNATU 23C. PHYSICIA NAME (1) 4A. BURIAL CRE REMOVAL (d from the causes sto URE ANS Type Michael MATION, 248. DATE Specify)	ed alive an red above. (I H. Mer:	Me (did) (did not) v DEGREE Phys Sen, M.D. DEGREE ME of CEMETERY of CRE	and that in (my) (our) of the the bady ofter death. Inding Med. Staff Phys. 23D. ADDRESS The Johns Hopkins H	23R DATE SIGNED 23R DATE SIGNED Cospital City, town, or county) (State)
22. 1 certify that (1) (we) and haur on 23A. SIGNATU 23C. PHYSICIA NAME (1) 4A. BURIAL CRE REMOVAL (buria	d from the causes sto URE ANS Type Michael MATION, 248. DATE Specify)	ed alive an red above. (I H. Mer:	O (We) (did) (did not) v DEGREE Physics Sen, M.D. DEGREE ME of CEMETERY of CRE Bmian Nat'l Ce	and that in (my) (our) of the the bady ofter death. Inding Med. Staff Phys. 23D. ADDRESS The Johns Hopkins H	23R DATE SIGNED 23R DATE SIGNED Cospital City, town, or county) (State)
22. I certify that (I) (we) and haur on: 23A. SIGNATU 23C. PHYSICIA NAME (I) 24A. BURIAL CRE REMOVAL (buria	d from the causes sto URE ANS Type Michael MATION, 248. DATE Specify 3/27/7	H. Mer:	O (We) (did) (did not) v DEGREE Physics Sen, M.D. DEGREE ME of CEMETERY of CRE Bmian Nat'l Ce	and that In(my) (our) of the the bady ofter deoth. Inding Med. Director Phys. The Johns Hopkins Hop	23B. DATE SIGNED 23B. DATE SIGNED OSpital City, town, or county) (State)



			BALTIMORE CITY	HEALTH DEPARTMENT	- ,	PMI A M
PIRTH NO	65 71 3	3034	CERTIFICA	TE OF DEATH	X REG. NO	71 3034
1. NAME OF (Type or Print)	DECEASED ZIMM	ermau	, Raymor	d M. 2. DATE A	NO HOUR OF DEATH	1:42 PV
3. PLACE IN	BALTIMORE, MARYLAND, V	HERE PRONO	JNCED DEAD	A CTATE D COLL	LITV	institution: residence before admission
FULL NAME	OF (IF NOT IN HOSPI)	AL OR INSTITU	JTION, GIVE STREET	MARYLAND	Ba 110 .	5300
HOSPITAL OF	ADDRESS OR LOC	ATION)		C. CITY OR TOWN BALT IMORE	D. IN:	SIDE CITY LIMITS?
3 3T	HE JOHNS HOP	KINS H	OSPITAL	E. STREET AND NUMBER		VES NO
				6414 GILM	OR AVEnue	Woodlawn, Md. 21207
S. SEX	6. RACE	7. AA A DDIEDA	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
m	W	WIDOWED	DIVORCED	3/1/17	last birthday	Months Doys Hours Min.
	of working life, even if retired)	1 _	tial Life	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTR
	lgent		rance	Alvin, Texas		U. S. A.
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA		
HUG	H ZIMMERMAN			ORA RAIRI	GH Zimme	rman
15. Was Dece	sed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	64	14 Gilmore Ave.
Yes	World War	II	216-16-4683	Mrs. Elsie Zim		loodlawn, Md. 21207
18. / /	1091		CAUSE OF DEAT			APPROXIMATE INTERVAL
Tois	EASE OR CONDITION DI	RECTLY		11 1+	- /	BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE Heart Fo	ulure	7 hs.
	s nat mean the made al			A CONSEQUENCE OF:		
	camplication which caused		11 01 10	1.01	utarchoi	41-
	ANTECEDENT CAUSES		Tewe IN	yocardias 1	utarcylou	1 12
DISEASE	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	. 66 46 44 44 44 44 44 44 44 44 44 44 44	
	the abave cause (A)	stating the	(-)			
ONDERE	ING CONDITION IUSI.		(C)			
O OTHER SIG	II SNIFICANT CONDITIONS CO	NTPIRIITING				
E IO HED	EATH BUT NOT RELATED TO 1	HE TERMINAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	OF OPERATION 198. CON	IDITION FOR V	WHICH, OPERATION	, 20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
BA.DATE		roken	Artery Ocelu	S/6- YES	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACC	DENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., i	fice bldg., INJURY OGCUR?	(If in Bollimo	are City, give exact lacation)
T DEATH (n	otify medical examined	No etc.		me No	Q	
21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJUR	Nou		ile AI NURSI Whit		2.	
	7700	Wo			7/	3/24 71
22. I cer	tify that (I) (this hospita	l) attended t	he deceosed from	3/24	.19 .//to	3/2/ 19 19
that (I) (we) last saw the deceas	ed alive an	3/27	19//and t	hat in (my) (our) op	Inion death occurred an the da
ond hour	and from the causes sta	ted abave (1)(We) (did) (did nat)	riew the body after death.		
23A. 21GN	ATURE	100	M A			23 B. DATE SIGNED
	Spen	Mode	Athe Phy	ending Med. Director	Staff Phys.	3/24/7/
23C. PHYS	CIAN	11	DEGREE	23D. ADDRESS		
NAM	E (Type)	SIL	ley WID	Johns to	plume to	spital
24A. BURIAI	CREMATION, 1848. DATE	24C NA	AME OF CEMETERY OF CR	FMATORY 24D	LOCATION (C	City, town, or county) (State)
REMOV	L (Sp cify)	240.197			LOCATION (ony, lowil, of country) (31016)
Bur			Moodlawn Ceme	-	oodlawn, Mar	
2SA. DATE RE	C'D BY HEALTH SEPT		DETEGISTRAR	25C. FUNERAL DIRECTO	2.002	
A-10-1	\$ 1211 reading			Lorang Byers	Funeral Di	rector, P. A.
/S 150-REV. 1	/1/6R					

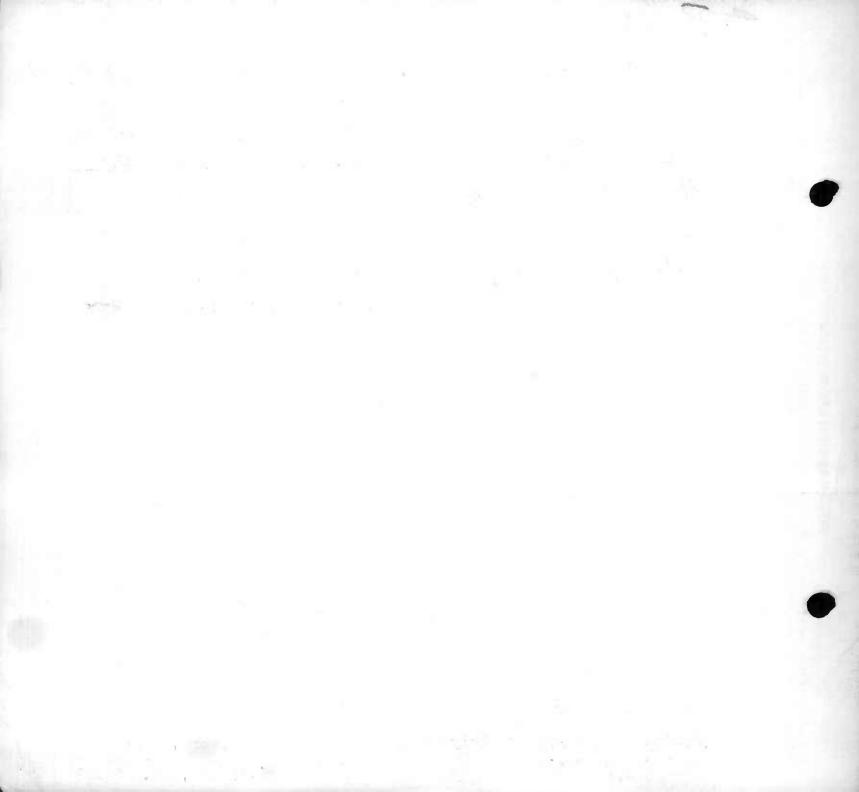


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



Such

prior to death.

was in regular

death

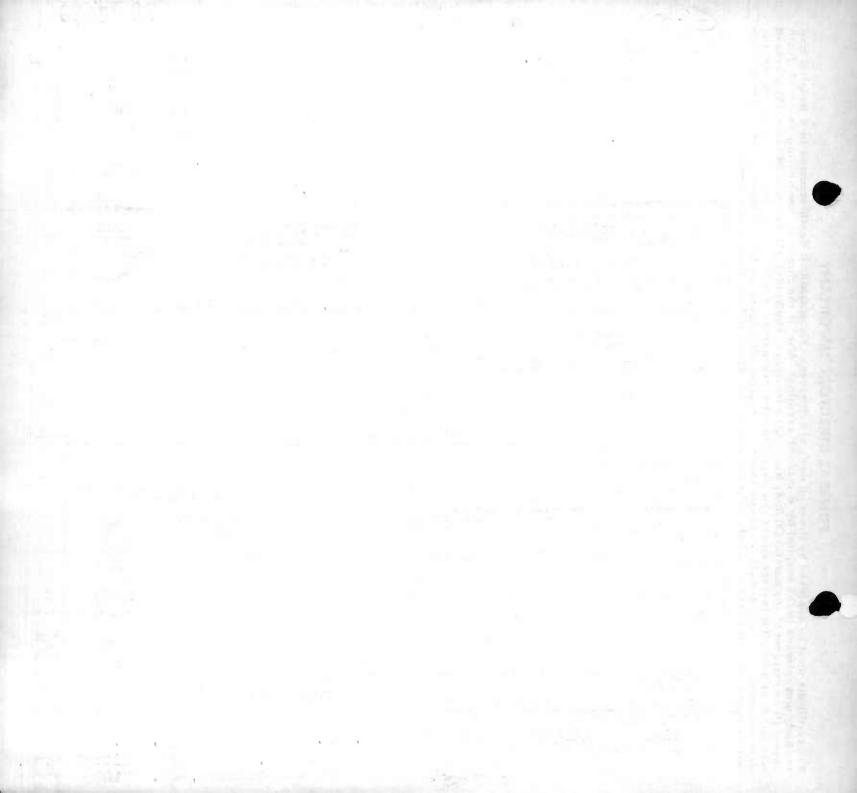
; and (6) No physician was in regular attendance on the deceased

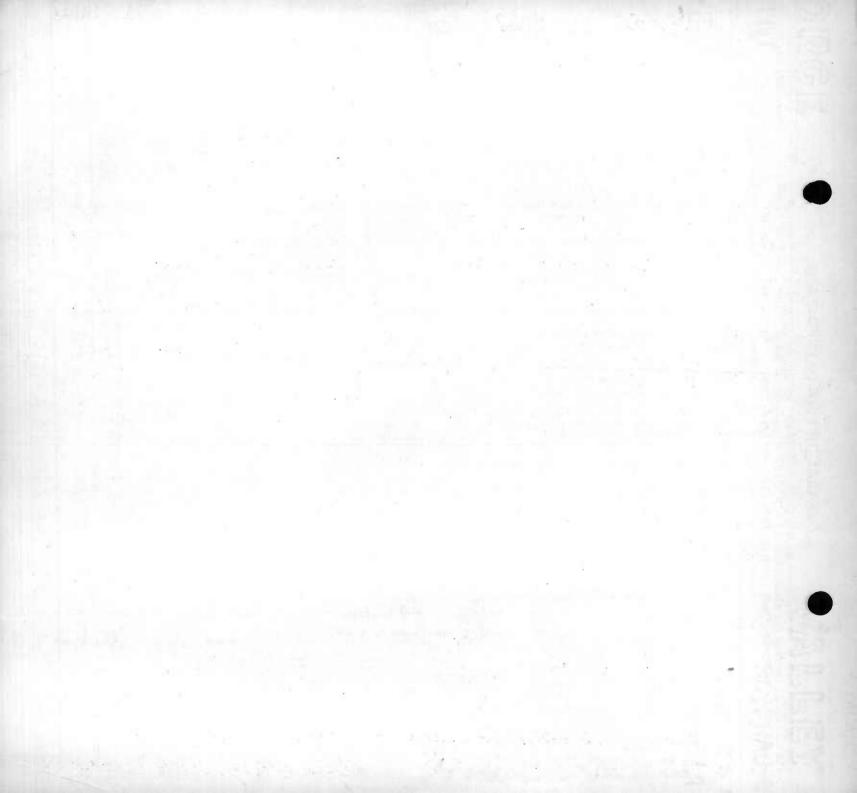
deceased prior to death)

was D.O.A.

of death Deceased

1 - 34 000	BALTIMORE CITY	HEALTH DEPARTMENT		71 3036
G-530 71 303	CERTIFICA	TE OF DEATH	REG. NO	LT SASM
Typo or Print F LORENCE J.	CANNATA		B-20-71	1 330 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE I		A STATE B. COUN	deceased lived. If i	nstitution: rosidenco before admissio
INSTITUTION	INSTITUTION, GIVE STREET	Maryland c.ciry or fown		IDE CITY LIMITS? 40 =
37 MERC		Baltimore E. STREET AND NUMBER		YES XX NO
		1409 Batter		
	RRIED NEVER MARRIED DIVORCED DIVORCED	April 7,1913	ost birthday	If Under 1 Yr. II Under 24 Hi Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, Ki	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale at foreign	n country)	12. CITIZEN OF WHAT COUNT
Cook & Housekeeper		Pennsylvania	a.	USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM		
Paul Gannotta		M ria Fusar	co	
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) If yes, give war or dates of se	SECURITY NO.	17. INFORMANT		ADDRESS
No	1.42 1.4 766	Mrs. Lucill	e Bolner	Same
18. 4. / . / .	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Myoc	ARDIAL INF	ARCTION	
LEADING TO DEATH	(A) IMMEDIATE CAL	JSE		16 hes
(This does not mean the mode of dying heart failure, asthenia, etc. it means the di	BUG DIETO OP AC	A CONSEQUENCE OF:		
injury or complication which caused death.				14
ANTECEDENT CAUSES	10) ASCI			YEARS
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) statin UNDERLYING CONDITION last				Tari III
ONDERENING CONDINOR ISSE	(c)			
O THER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM OF DISEASE OR CONDITION GIVEN IN PART 1 (A)	AINAL			
19 A. DATE OF OPERATION 198 CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.	208, IP YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CALLER OF	215 PLACE OF INJURY (e.g., home, farm, faciory, street, e	n or about 21 C. WHERE DID ffice bidg. INJURY OCCUR?	(II in Baltimo	re City, give exact location)
OEATH (notify medical examined) 210-TIME (Month) (Doy) (Year) (Hou	21E INJURY OCCURRED	21 F. HOW OID INJ	URY OCCUR?	
(APPROX)	While At Not Whi	le [
	11211			
22. I certify that (I) (this hospital) atte		19 MARCH	9 <u>7/</u>	20 MAR 19 71
that (1) (we) last sow the deceased all	e on 20 MAR 7	19and the	st in (my) (our) op	Inlen death occurred on the d
and have and from the couses stated ab	eve. (I) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE				238, DATE SIGNED
Doubih H hard	2-2/ Dh	anding Med.	Staff Phys.	3/20/71
23C:PHYSICIAN'S	MGC DEGREE ""	23 D. ADDRESS	- 1.5 00	1-//-/
NAME (Type)	alali	1 1	SPITAL	
DENEDICI 17. IERA	1/W/ DEGREE			The town or country /Francis
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR		CATION (C	ily, town, or county) (State)
Burial 3/24/71	Glen Haven M		len Burni	e. Md.
25A, DAVE HEALTH DEPT. 258. P.	AME OF REGISTRAR	George J.	Gonce 4	001 Ritchie Hg
VS 150-REV. 1/1/6B			Timore, h	ld. 21.225

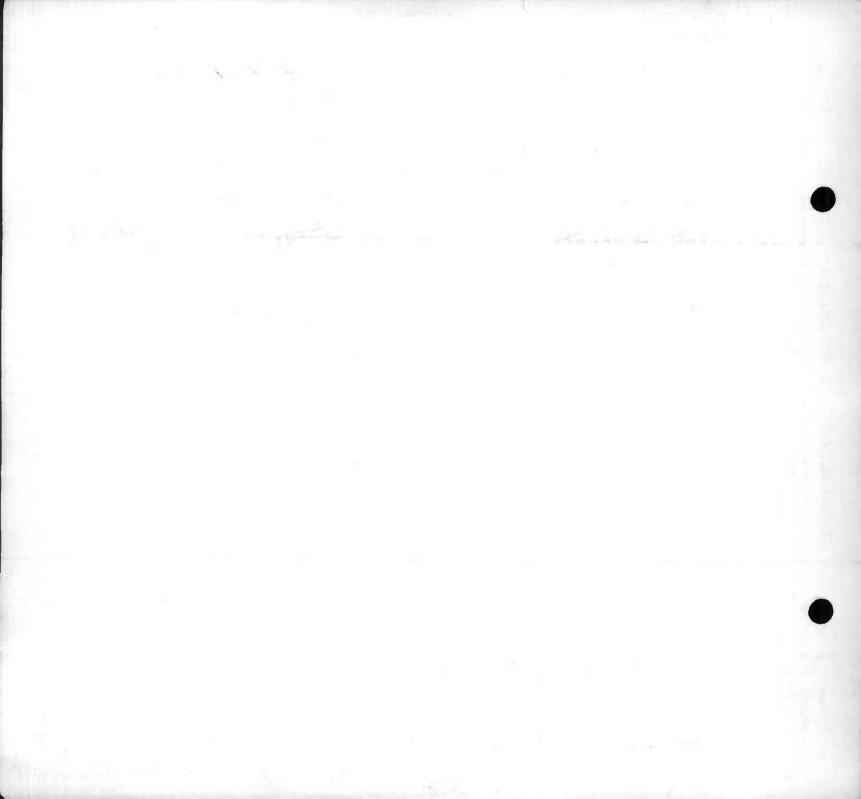




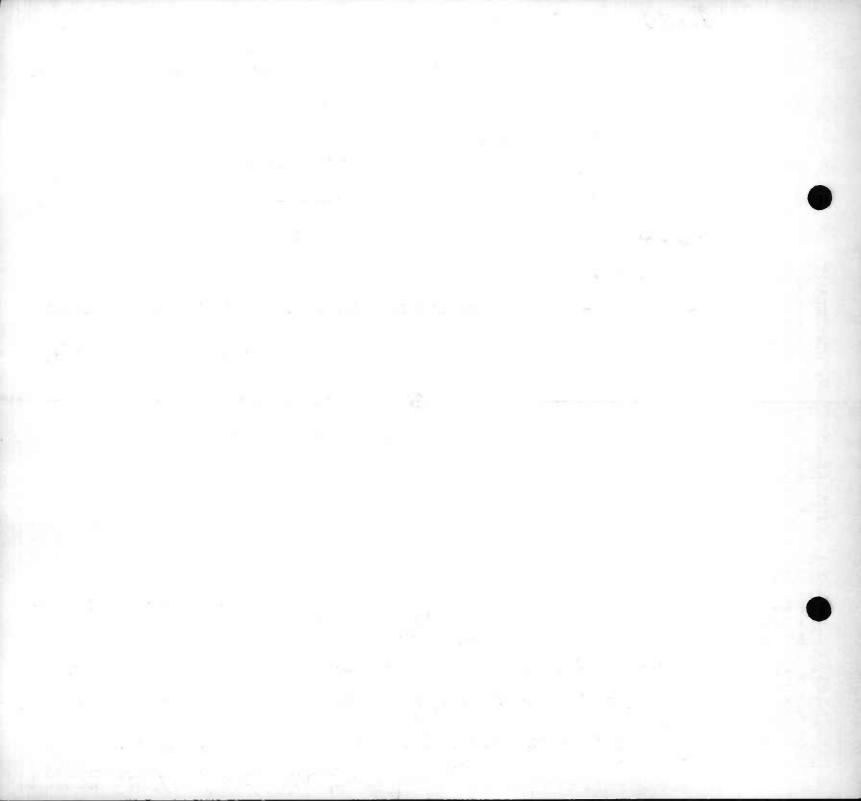
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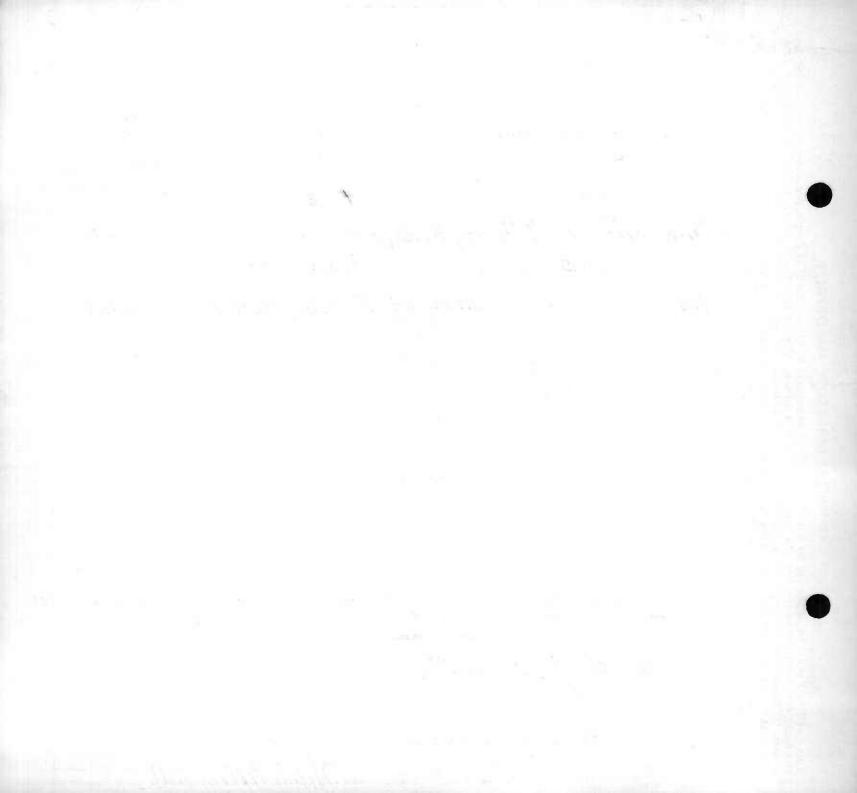
11-242 71 3040		HEALTH DEPARTMENT	REG. NO	71 3040
T. NAME OF DECEASED. (Type or Print) MIChAELSON	Samue	2. DATE AN	D HOUR OF DEATH	Arri
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONO FULL NAME OF HOSPITAL OR INSTITUTION HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUN	e deceased lived. If in TY	nstitution: residence before odmission)
MH. Singi Rusing A	one	E. STREET AND NUMBER	e	YES NO NO
5. SEX 6. RACE MARRIED WIDOWED	DIVORCED	11/11/03	P. AGE (In years)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired) 13. FATHER'S NAME	BUSINESS OR INDUSTRY	Lith	gn country)	12. CITIZEN OF WHAT COUNTRY
15. Was Deceased Ever in U. S. Armed Everes?	1 6 SOCIAL	14. MOTHER'S MAIDEN NAA	AE .	
(Yes, no or unknown) (If yes, give war of dates of service)	SECURITY NO.	3 Hoon che	20	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does nal mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(8)	SE CONSEQUENCE OF: A CONSEQUENCE OF:	your June	SETWEEN ONSET AND OBATH
UNDERLYING CONDITION last.	Pulm	my Emple	plura	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF home		or oboul 21 C. WHERE DID	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH? e City, give exoct locotion)
21D-TIME (Month) (Doy) (Teor) (Hour) 21E	INJURY OCCURRED At Not While	21F. HOW DID INJU		
22. I certify that (I) (this hospital) attended the that (I) (we) last sow the deceased alive on	e deceased from	2 - 60 19 19 2 / and the	-	3 - 25 19 7
and hour and fram the causes stated above. (I) 23A. SIGNATURE 23C. PHTSI CIAN'S NAME (Type)	Culous Atter	ew the bady after death.	hoff hys.	23& DATE SIGNED 3-25-71
25A. DAY REC'D BY NEALTH DERT. 25B. NAME OF		25C-FUNERAL DIRECTOR	CATION (City	y, town, or county) (Sidial
MAR 29 1971 Valley E. Jabe	4 164	Sylven Le	my 4 Dan	M mouran, W



7-630 BIRTH NO.	71	3041		HEALTH DEPARTMENT	REG. NO	71 3041
1. NAME OF DE	CEASED				AND HOUR OF DEATH	H
	FRANCES	HARRIE		Mat	rch 23, 1971	1039a2 M
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived, If	institution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland c, City Or TOWN		1348
() ()					D. IN:	SIDE CITY LIMITS?
00	3536 Pool	e Stree	t	Baltimore E. STREET AND NUMBER		YES NO
				3536 Poole		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Ve II Under 24 Mar
Female	White	WIDOWED		12 Jan 1908	9. AGE (In years last birthday)	Manths Days Hours Min.
IOA. USUAL OCC	UPATION (Givs kind of work			11. BIRTHPLACE Stote or fe	Dieion Country)	12. CITIZEN OF WHAT COUNTRY?
gove gnure wor of	working life, even if refired)				oreign coominy,	12. CHIZEN OF WHA! COUNTRY?
13. FATHER'S NA	1 Worker	Insura	ance Company	Missouri		USA
i i i i i i i i i i i i i i i i i i i	ME			14. MOTHER'S MAIDEN N	AME	
Wa	lter P. Gusti	n		Elsie	Fisher	
15. Was Deceased (Yas, no or unknown	Ever in U. S. Armed Far	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1101101	ADDRESS
No			217 16 7636	Willard S E	and 2536 Day	ole St Balto 21211
18.	09		CAUSE OF DEATH		77 77 FOR	APPROXIMATE INTERVAL
DISEA	E OR CONDITION DIS	RECTLY		-	3	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	. monare. /	bromboc.	midde
hearl failure.	ool mean the mode of osthenia, etc. It means application which coused	the disease.	DUE TO, OR AS	SE COVERAGE, TI		
		deoth.)	0.1	~		ļ
	ANTECEDENT CAUSES		(B) Chron	ce myotara	ute,	
DISEASES C	OR CONDITIONS, if a obove couse (A)	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	/ .	
UNDERLYING	CONDITION lost.	sinitifications	10 Comp	lete A-V	block	
	11		(-)			***************************************
O OTHER SIGNIE	CANT CONDITIONS CON	NTRIBUTING				
V DISEASE OR C	H BUT NOT RELATED TO THOMOTHON GIVEN IN PART	Γ 1 (Δ).	*************			
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OPERATION 198. CONT	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yos or	10 208, IF YES, WERE	FINDINGS CONSIDERED
U 21A. ACCIDE	T WAS UNDERLYING	1210	DI ACE OF INTURY			
OR CONTRIBU	TI WAS UNDERLYING THE CAUSE OF medical examined	home etc.)	form, factory, street, affi	or about 21 C. WHERE DID	(II In Boltimor	re City, give exact location)
O DEATH (HOMY						
OF INJURY	(Manth) (Day) (Year)		NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While	e At Not While			
22. I certify	that (1) (this hospital)	attended the		0	10 6 V. 7	2 44 2 2 2 2 2 2
	lost sow the decease			19 70 ond 1		narch 23 19 71
					not in (my) (our) opl	nion deoth occurred on the date
23A. SIGNATU	RE	eu opove. (!)	(met (did) (did not) vi	ew the body ofter deoth	•	
(1)			Attan	ding A Med.	Cault -	23B. DATE SIGNED
1 Car		>-	DEGREE PHYS.	Director L	Shaff Phys.	3-25-71
23 C. PHYSICIA NAME IT	REU SEN	HOFF	1AN, MD	846 CV. 36	739 , Bel	mre, mf 212/1
24A. BURIAL CREA	MATION, 248. DATE	24C. NA	ME of CEMETERY OF CREA	AATORY 24D.	LOCATION ICI	ity, town, or county) (State)
Burial	26 Mar	71 Drai	d Ridge Cemet	erw pil		
		25B NAME OF		25C. FUNERAL DIRECTO		to Co. Maryland
MAR 90	1971 P. Q. A.	2 30 07	MAD O IT A			timore Maryland
VS 150-REV. 1/1/6	Wat Landerlo	A ALACA	130	By: // Ciuu	The state of	y-more mary raile



7	BALTIMORE CITY	HEALTH DEPARTMENT		74	2010
K-350 71 3042	CERTIFICA	TE OF DEATH	REG. NO	/1	3044
1. NAME OF DECEASED (Type of Print) WILBERT O.	ROTEN		AND HOUR OF DEATH	102/1	730
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (V	here deceased lived If i	nstitutions resid	ence before admission
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	ON, GIVE STREET	MARY AND	BALTINIC		130%
44 LUNION MEMORIAL		B ALTINO	RE	YES Y	ио 🗌
		3707	KESWICK	RD.	
5. SEX 6. RACE 7. MARRIED 11 WIDOWED 1	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 Months! Do	Yr. II Under 24 Hr ys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole of I	oreign Country!	12. CITIZEN	OF WHAT COUNT
done during most of working/file/jeven if retired) OICC OFFICE V B2/fo CIF 13. FATHER'S NAME	y Pol. Dep	+ MARYLAL 14 MOTHER'S MAIDEN	D	u	5A -
JEFFENSON D ROTEN	, , , , ,	Rena			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) [II yes, give wor or dates of service]	SOCIAL SECURITY NO.	17. INFORMANT	~ 1	A	DDRESS
4 /	16322114	F. Mohal 1	Coteni	SZI	ne
18. 4 21. 4 1- 162	CAUSE OF DEATH	1	COTCTV		PPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CerET	3ROVAS cula	r hemon	three -	WEEN ONSET AND DEA
This does not mean the made of dying, e.g.,	(A)IMMEDIATE CAU			9	
heart failure, asthenia, etc. II means the disease.	DUE TO, OR AS	CONSEQUENCE OF:			
injury or complication which caused death.)					
ANTECEDENT CAUSES	(B)				
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		A CONSEQUENCE OF:			
11	(c)	***************************************	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	CA OF	Lung.			
19A DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED TH?
	CE OF INJURY (e.g., in form, foctory, street, off	or obout 21C. WHERE DID	(If In Boltimo	re Ctty, give ex	sect location)
	URY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
(APPROX.) While A	Not White				
22. I certify that (this haspital) attended the de		Arch 22	19.71 to 12	LANCH	23 19 71
that (1) (we) last saw the deceased alive on_W		19and	that in (my) (em) op!		
and hour and fram the causes stated above. (1)		ew the body after death	and the same of the		
23A. SIGNATULE		the socy direct dedit	••	238 DATE SL	GNED 1
Sand Nour	As Dhue	ding Med.	Staff Phys.	2/3	1/2/
23C. PATSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	rnys. —	13/6	7/1/
44. BURIAL CREMATION, 248. DATE 24C. NAME	OF CEMETERY OF CRE	MATORY	1001001		
REMOVAL (Specify)				ly, lown, or co	·
	etown Cemete		eeland, Balto		
MAR 29 1971 Reserved & Faller		Burge Fune	rall home Balt		aryband
/C \$50_DEV \$/1/48			11111111		



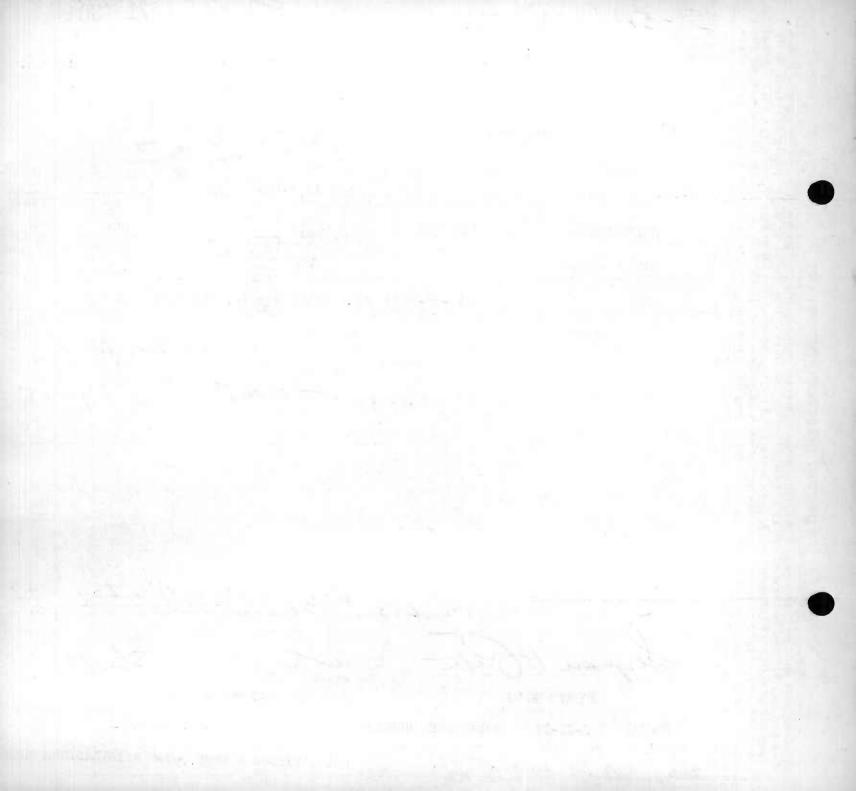
	11.111				BALTIMORE CITY	HEALTH DEP	ARTMENT		71	3043
	7-4/6 TH NO.	71	304	3 (CERTIFICA	TE OF	DEATH	REG. NO	D	20,10
1. N (Ty)	Pe or Print	Iliam!	N. Holl	broof	4		2. DATE AT	DHOUR OF DE	ATH	1030A.
3.	PLACE IN BALTIN	ORE MARYLA	ND, WHERE PR	ONOUNCED	DEAD	4. USUAL RE	SIDENCE (Whe	re deceased lived	. If institution: r	esidence before admission)
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN ADDRESS OF	HOSPITAL OR II	ASTITUTION,	GIVE STREET	MD.	B	ALTIMO	RE CI	TY 1307
3	SINAL	HOS	1-0F	BALT	T. INC	BAL E. STREET AN	TIMON ND NUMBER	FALL	YES D	
5. 9	MALE 6.	NH17	E 7. MAR		VER MARRIED DIVORCED	8. DATE OF BE	RTH 7/24	9. AGE (In years last birthday)	d if Under	Plys Hours Min.
10A don	USUAL OCCUPA during most of work	TION (Give kind	of work 10B, KIN	D OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLAC	E (State or fore			ZEN OF WHAT COUNTRY?
	Driver		Trz	nsners	tetion Co	Ind				USA
15.	FATHER'S NAME Wos. Deceosed Eve Jung of unknown) [If	er In U. S. Any	Holb) med Forces? or doles of services.	2 00 H	CIAL CURITY NO.	14. MOTHER'S	400 0	NE Sp	iceR	ADDRESS
	es	WW	77	0//	6 18 4538	Emm	n L0	ulse H	alhan	t Some
		OR CONDITION			MYO	-AROIN	7	NFARCT	TIPAL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not heart foilure, ast injury or complic	meon the mo	de of dying, meons the disc	e.g.,	(A) IMMEDIATE CAU DUE TO, OR AS			, , , , , , , , , , , , , , , , , , ,	7070	
	AN	ECEDENT CA	AUSES		(8)					
	DISEASES OR rise to the country of C	bove couse	(A) slaling	me	(B)OUE TO, OR AS	A CONSEQUEN	ICE OF:			
2		II -	***							
VT10	OTHER SIGNIFICA	UT NOT RELATE	D TO THE TERMIN	NG NAL	***********************	******	***********			
CERTIFICATION	19A. DATE OF OP	ERATION 198	S CONDITION F	OR WHICH	OPERATION	ND	PSY? (Yes or No		ERE FINDINGS	CONSIDERED DEATH?
CAL	21A. ACCIDENT Y OR CONTRIBUTIN DEATH (notify me	G CAUSE C) F	21 B. PLACE hame, form, etc.)	OF INJURY (e.g., in factory, street, of	or about 21 C. INJU	WHERE DID	(If In Bo	Itimore City, give	e exact location)
MEDI	OF INJURY	ionthl (Doyl	(Yeor) (Hour)	While At	Y OCCURRED Not While		HOW DID INI	URY OCCUR?	·····	
	(APPROX.)			Work L	At Work		1			
	22. I certify tha that (!) (we) [as				2/2	3/22	,	19 <u>7/to</u>	3/2	5 197/
					(did) (did not) v	219/		at In (my) (our)	opinion deat	th occurred an the date
	23A. SIGNATURE				(414) (444-1101) V	lew the body	oner deam.		23B, DAT	E ŞIĞNED
	Ta	1 2	Funes	lie	M-P. Atter	nding	Med. Director	Staff Phys.	3	125/71
	23C. PHYSICIAN'S NAME (Type)	AN	50.	NSHI	NE MO	S/N/	91 Ho	58. 01	- BAL	IT-INE
24A	REMOVAL (Spec	TION, 24B. DA	ITE 24	C. NAME of	CEMETERY of CRE	MATORY	24D. L	OCATION	(City, town, o	countyl (Stotel
254	SULLY PATE REC'D TV	HEALTH DEPT	///AR71 /	110201	owridge	Mem	1/	owird	Co M.	nd
1	MARGO	1071	-	WE OF REGIS	SIRAK /	25C FUNE	AL DIRECTOR	ine.	Humi	Balla Mil
VS	150-REV. 1/1/6B		A A.			1 134	LIVE P	2016 18 11	100111	1001101110

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IMPORTANT

DIRECTOR:

FUNERAL



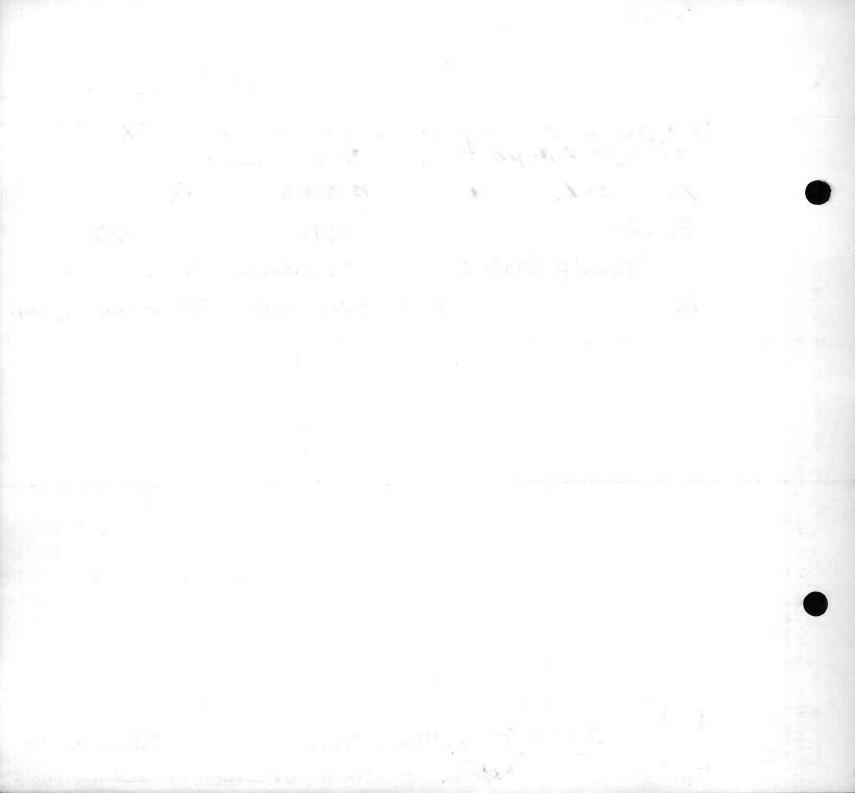
		11-460 71 3045 BALTIMORE CITY HEALTH DEPARTMENT X 3045
S. B	t p e t	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 71 3045
0	deat cease on th . Suc	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
3 0	F 9 8 6	HIBER! U. Mellor JR 3/22/197/ 15.10/
W ig	0000	IIA. STATE , B. COUNTY
200	de de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Md I + 0 WAR d 6 0 0
0	se; end to	D. INSIDE CITY LIMITS?
3 E		48 T. Agiles Hosp, EllicoTT CITY YES NOT
2 po	d cat d cat r att prior	8400 Church LANC
0 =	d ade	E CEV
5	age and a	WIDOWED DIVORCED 8/19/1892 I Months Days Hours Min.
٩	Te Te	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or (oreign country) 12. CITIZEN OF WHAT COUNTY
0	in in dec	WOOLES MILL 18ET. Md
P	4) Ur was the	14. MOTHER'S NAME
- t	F	15. Was Deceased Ever In U. S. Armed Farces? (Yes, no a runknown) (III yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 213-09-6/55 MARGARET L. Mellor 8400 Church Lane
AN	- A	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no at unknown) (III yes, give war at dates of service) 16. SOCIAL SECURITY NO.
RT	kinc dea nce final	NO 213-09-6/55 MARGARET L. Mellor 8400 Church LANCE
Q 8:	da	APPROXIMATE INTERVAL
A id	of of o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DETWEEN ONSET AND DEATH
- 0	A O C D E	(This does not mean the mode of dying, e.g., (A)IMMEDIATE CAUSE
3 0	pror ular mbai	hearl failure, aslhenia, etc. Il means the disease.
O :	e go e	ANTECEDENT CAUSES Leveralized astorioselerosis
ECT	2 4 4 5 5	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
IRI o	3 E E E	rise to the above cause (A) stoling the UNDERLYING CONDITION last.
D 12	burns; hysicia n was remain	
AL	N X	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ER ef	ly bu	119A DATE OF OPERATION 119R CONDITION FOR WHICH OPERATION
S ig	the the	198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F 6	tal by characters the percent the before the	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II In Boltimore City, give exect lacotion) OR CONTRIBUTING CAUSE OF CAUSE OF
×.	No.	DEATH (notify medical examiner) etc.)
d b	osp truck (6)	OF INJURY (Month) (Doy) (Yeor) (Hour) 21& INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
§ -	a d e a a	While At Work At Work
a.	ex ex an an	22. I certify that (1) (this hospital) attended the deceased from 12/28 19/9 to 3/8 1970
D d	of a of a al (h);	that (1) (we) last saw the deceased alive on September 1940 and that ir (my) (aur) opinion death occurred an the da
d.	T1	and haur and from the causes stated obove. (1) (We) (did not) view the body after death.
ust		23A. SIGNATURE Attending Med. Shaff Shaff
E.	released accident a hospi r to dea val musi	nscess Phys. Director Phys.
ate	the body was related the shows: (1) An acci was D.O.A. at a hadecessed prior to written approval	23C. PHYSICIAN'S NAME (Type) A 2 10 R GOLLY 8 Tanager Lane
fic		That I was a second with the Mar
T.	3 0 C	REMOVAL (Specify) (Stole)
Ŭ,	the body shows: (1) was D.O. deceased written a	250 DAY BUILD TO SHEP HERO CEN PILICO T CITY, HOWARD CO, Md.
Į.	show was dece	MAR 29 97 Poles & North Rd 255, FUNERAL DIRECTOR 301 Frederick Rd
		VS 150-REV. 1/1/68

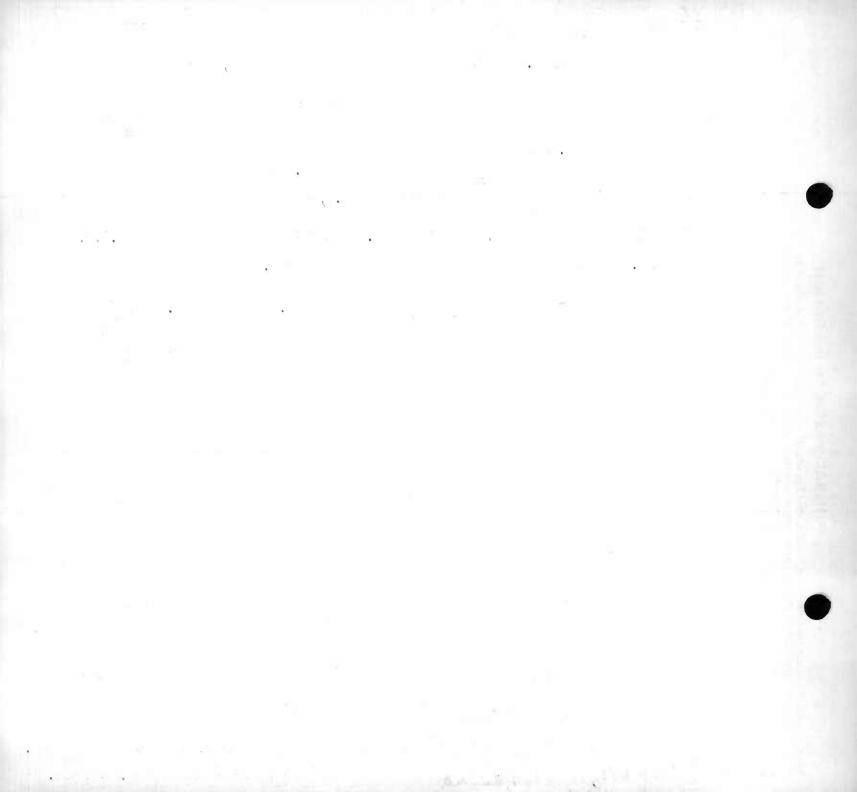
Heared By Dr Pau

Land R. Gard Timer The The Mark

	th occurred in a hospital and contributing cause of death etermined cause; (5) Deceased n regular attendance on the secased prior to death. Such on is made.
IMPORTANT	or his assistant if dea Also, if the direct or re of any kind; (4) Und nounced death was i attendance on the di
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-320 71 304	BALTIMORE CITY	HEALTH DEPARTMENT	,	A4 #
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	1 3046
1. NAME OF DECEASED	oseph	2. DATE AN	HOUR OF DEATH	i, pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		114 USUAL PESIDENCE (VI)	22/7/	1//
MAKE P	KONOUNCED DEAD	A. STATE 8. COUNT	deceased lived, tl insti T	lution: residence befare admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	md.		1547
INSTITUTION		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
pro Denni Dur	sing Home	Dellivore	16	ES 🕅 NO 🗌
10 4613 Park Kingh	t line,	3/09 Wind	an Aue.	
6 601	RRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	AGE (In years	Il Under 1 Yr. If Under 24 His Months Doys Hours Min.
10A. USUAL OCCUPATION Give kind of work 108, KIN		12 3 0 0	0.5	
ione during most of working life, even if retired)	ID OF BOSINESS OF INDUSTRE	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTR
tarmer		Md.		US.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	00.
Phillip Coa	Tes	Boorgeann	a Hross	5
5. Wes Deceased Ever in U. S. Armed Farces? Yes, no or unknawn) (II yes, give war ar dates af sen	1 6. SOCIAL	17. INFORMANT	4 /01030	ADDRESS
9	man and tel S	Maria	DIAG	
118, 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	213-28-6913	Marie Wilso	n 3109 h	inday ave, Bul
7/9/1	CAUSE OF DEATH	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		150.10		
(This does not mean the made of dving	(A) IMMEDIATE CAU			16 900
hearl failure, asthenia, etc. it means the dis-	ease,	CONSEQUENCE OF:		
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if any, g	rving DUE TO, OR AS	A CONSEQUENCE OF:	**************	
nise la the abave cause (A) staling UNDERLYING CONDITION last.	1116			
	(C)	***************************************	******************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
= 110 THE DEATH BUT NOT RELATED TO THE TERM!	NAL Serie	le Demente	i	
TIDISEASE OR CONDITION GIVEN IN PART 1 (A).			***************************************	***************************************
19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes at No)	208, IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
21A- ACCIDENT WAS UNDERLYING	210 21 4 55 05 111111111			
OR CONTRIBUTION TO	21B. PLACE OF INJURY (e.g., in hame, farm, foctory, street, affi	ar obout 21 C. WHERE DID	(If In Baltimare C	lty, give exoct location)
DEATH (natify medical examine)	etc.)			
21D-TIME (Manth) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUI	Y OCCUR?	
(APPROX.)	While At Not While			
22 1 46 4 40 4	WOR - AL WOR	<u> </u>		
22. I certify that (1) (this hospital) ottend			ta3/	22 1971
that (i) (we) last saw the deceased alive	on3/22	19.7/ ond that	in(my) (our) opinion	n deoth occurred on the dat
and haur and fram the causes stated abov	e. (i) (We) (did) (did not) ut	ew the hady after dans		and the dat
23A. SIGNATURE		body offer death.	las	P DATE SIGNED
Mr. S. Wallins 1	(Mr) Atten	ding Med. S		R DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys.	Director L Ph	off Sys.	1/27/11
NAME (Type)		D. ADDRESS	A R-1	1 1 2 12 12
E.S. KALLINS	MD	6000 PARKIPG	Ar Baltines	n md 21215
REMOVAL (Specify) 248, DATE 24	C. NAME OF CEMETERY OF CREA	AATORY 24D. LOC	ATION (City, to	own, or county) (State)
7-77-71 7	7			1
SA. DATE REC'D BY HEALTH DEPT. 258 NA	Drooks Church	Crim.	C	alvert co, Md
		25C. FUNERAL DIRECTOR		ADDRESS
MAR 29 1971 Robert E. Jab	76.00	Tinkmento S	esidele Po	co forester de m
S 150-REV. 1/1/68			The state of the s	The state of the s





E YE	BANK CALLI	D	2/1/1/2	174 20	148		HEALTH DEPARTMENT	X REG. No.	71 304	8
	and used the		HH NO.		140	CERTIFICA	TE OF DEATH			0
	S S S	(Ту	pe or Print)	HALSTE		ADYS M.	MA R	CH 26, 197	1	00P
	Spit of Ce ce ath	3.	PLACE IN BALT	IMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before	admission)
de de	FU HC IN	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU ATION)	ITION, GIVE STREET	MARYLAND C. CITY OR TOWN	Balto.	ISIDE CITY LIMITS?	00	
- B B + P			10	ST. AGNES	S HOSPI	TAL	BALTIMORE E. STREET AND NUMBER		YES X NO]
	d ar						1606 CANT		T 2A CITY	
	th occurred contributing etermined contribution in regular and is made.		FEMALE	WHITE	WIDOWED		8. DATE OF BIRTH 05/27/99	9. AGE (In years last birthday)	Il Under 1 Yr. Il Un Months Doys Hours	der 24 Hrs. Min.
	# 78 - 9.0	don	e during most of W	PATION (Give kind of wor rorking life, even if retired) 1PLOYED		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of I	oreign country) [aryland	12. CITIZEN OF WHAT	COUNTRY?
	S. S.	13.	FATHER'S NAM		Honor	11011	14. MOTHER'S MAIDEN N	-		
5	direct f; (4) th we dispo			KKSTEADX	SCHERE		MARXXXAKDXH		ANDEX UNKNOWN	
A	istant he di kind; death ce on nal di	15. (Yes	Nos Deceased E , no or unknown)	Ever in U. S. Armed Fo. (II yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
IMPORTANT	the the kin dec ince						ST. AGNES	HOSPITAL R	ECORDS	
0	s as if any ced ced or		18. 4/10	7 Y I		CAUSE OF DEATH	1		APPROXIMATE BETWEEN ONSET	
¥	of of or		DISEASE	OR CONDITION DI	RECTLY		hen		DETWEEN ONSET	AND DEATH
	0		(This does no	t mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE MY PUX	la		
ů.	miner. fractur o pron gular embal		heart failure, a	isthenia, etc. It means dication which caused	the disease.	DUC 10, OR A3 /	CONSEQUENCE OF:	4	. 110	
0	fra oge			NTECEDENT CAUSES		do	reased ou	Ormany (1)	vad llow	
5	xaminer. Xaminer.) A fractu who pro		DISEASES OF	CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	200000-1-0		
DIRECTOR:	(3) (3) B S		rise lo lhe	abave cause (A) CONDITION last.	slaling the	(-)	Mrs. cond	iel hypro	tion	
ā	dical dical rrns; rsicia was main			11		(c)	(1)			
MA	Eedder	CERTIFICATION	OTHER SIGNIFIC TO THE DEATH	CANT CONDITIONS CO	NTRIBUTING HE TERMINAL		Moran	Entolu.		
ER	9 - 5 - 5 0	FIC.	19A. DATE OF C	OPERATION 198 CON WAS PER	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?	
S	by a boc by the thysic hysical	CERTI								
14.	ital by the e.; (2) where No ph		OR CONTRIBUTE	WAS UNDERLYING CAUSE OF	home elc.)	, form, foctory, street, old	or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltim	ore City, give exoct location)	
	- C - C - C	MEDICAL	21D. TIME ((Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
	hose hose naticept (6 faine	2	(APPROX.)		While					
	production of the production o		22. I certify ti	hat (I) (this hospital) attended the	a decaped trout	BRUARY 23	71 MA	RCH 26	71 —
	E 000		thot (1) (we) I	ost saw the decease	d alive on	MARCH 26		that In(my) (our) ap	inian deoth accurred or	the date
			and have and f	from the couses etc	red abave. (I)	(We) (did) (did nat) vi	ew the bady after death			
	S D D D E		23A. SIGNATURE	14 10111	4./	1.0	dia a trada		23B DATE SIGNED	
	E o con con con con con con con con con c		3C PHYSICIAN	old old in	WC (ding Med. Director	Staff Phys.	March 2	.6
	was An a		23C. PHYSICIAN NAME (Typ	GEORGE	PATRI	CK, M.D.		0,MD 21229	4 TON 6 1414 KE	****
		24A	BURIAL CREM			ME of CEMETERY OF CRE	ST. AGNES			NS AVE
	body ws: (1 p. D.O.	- 4	REMOVAL (Spe						ity, town, or county)	(Stote)
	This cer the bod shows: was D.C decease		DATE REC'D B	3/29/7	25B NAME OF	ar Hill	25C. FUNERAL DIRECTO	Glen Burnie,	Maryland	
	This certif the body shows: (1) was D.O.A deceased written ap		MAR 29	1971 Robert	E. Valle	44	Witzke, 1630			
						The state of the s	1 1 1 1 1 1 2 2		7-79 ~.~~	

againg² in all policy of the contract of the

В	M-450 71 304	U	TE OF DEATH	REG. NO	71 3049
1.	NAME OF DECEASED ype or Print) F S + HE A M.	MALLONEE	2. DATE AN	D HOUR OF DEATH	7/-1
3	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution; residence before admission)
FHIR	ULL NAME OF OSPITAL OR IN ADDRESS OR LOCATION! ASTITUTION 130 N SECOUR	11 - 1/1/	Maryland Ba	ltimore /.	IDE CITY LIMITS?
	34 2025 W. FAU BAHIMORE, 1	The Inter	E. STREET AND NUMBER 3 Seminole Av		YES NO X
	F WIDON		4/1-/1897	9. AGE (In years last birthday)	ff Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.
10 do	A. USUAL OCCUPATION (Give kind of work 108, KIN) ne during most of working life, even if relired)	. 1	11. BIRTHPLA CE (State or forei	gn country!	12. CITIZEN OF WHAT COUNTRY?
		EMPLOYED	Maryland	, 12	4,5,1.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛĒ	
	Late John Herr		Late Eva Cat	therine	
(Ye	Was Deceased Ever in U. S. Armed Forces? es, no or unknown! Of yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	T.e	ADDRESS aurel i Md. 20810
	no	22-2/22	Mr. George P. 1	Tallonee, 32	20 Sudlersville St
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart loiture, asthenia, etc. It means the dise injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, gives to the above cause IA) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION FOR TO THE MEAN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION IPSE. CONDITION F	ring (B) Could (C). As (C). As (C). As (C). As (C).	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: (120A-AUTOPSYZ (Yes or No)	208 IF YES WERE IS	/ /S mins
CERTIF	WAS PERFORMED		NO	IN CERTIFYING CAL	
MEDICAL O	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, factory, street, of elc.)	ice bldg., INJURY OCCUR?	(II In Baltimore	e City, give exact location)
MED	21 D. TIME (Month) (Doyl (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	IRY OCCUR?	
	22. I certify that (I) (this hospital) attended	ed the deceased from	1	9 Lel to Ma	ach 25 19 7/
	that (1) (we) last sow the deceased alive (19and the		nion death accurred on the date
	and haur and from the causes stated above	2. (1) (We) (did) (did not) vi	ew the bady after death.		
	D.C. Mre Langh a	Affer DEGREE	Med.	Staff D	23B, DATE SIGNED 3 / 25/7/
	23C. PHYSICIAN'S NAME (Type) D. C. MacLaugh)	in	3D. ADDRESS 303 h. Ra	lling Rd	Beltinna hol
24		C.NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (Cit	y, town, or county! (State)
	***	Loudon Park Ceme	tery Bold	imore. Md.	
25		AE OF REGISTRAR	25C. FUNERAL DIRECTOR Witzke, 1630		ADDRESS Ave 21228
VS	150-PEV 1/1/69		1.000	Iloguitombe	VU RIKKU

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IMPORTANT

FUNERAL DIRECTOR:

W-410 71 305 BIRTH NO.	711	TE OF DEATH	X REG. NO. 71	3050
1. NAME OF DECEASED Vera W	Wera S. Wo		HOUR OF DEATH	11211
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF HOSPITAL OR H HOSPITAL OR H ADDRESS OR LOCATION)	ONO UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNT Md Balto	1	on: residence before admission
ERTIFICATE AMI	ENDED 3/3/1/1	C. CITY OR TOWN Westview E. STREET AND NUMBER	D. INSIDE CIT	
WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF SIRTH 14 9.	ost birthday) Mon	Inder 1 Yr. If Under 24 He
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if refired) Bank Teller	D OF BUSINESS OR INDUSTRY	New York		CITIZEN OF WHAT COUNTI
Michael Mahoney		14. MOTHER'S MAIDEN NAM deceased Mae		
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give wor or doles of serv	16. SOCIAL SECURITY NO. 092-05-1906	Mr. Joseph H. W	olf, 1319 Denk	ADDRESS 21228 Oright Road
(This does not meen the made of dying, heart follows, asthenia, etc. it means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION tast.	ving (B) DUE TO, OR AS (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: CONSEQUENCE OF:	Tofling	3 KIOS 2 YKg.
19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY le.g., in home, form, loctory, street, aff etc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(II in Boltimore City,	give exact location)
21D.TIME (Month) 1Doy) 1Yeor) 1Hour) Of INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJUR	Y OCCUR?	
22. I certify that (!) (this hospital) attended that (!) (we) lost saw the deceased alive	ed the deceosed fram			19
and haur and from the causes stated abave 23A. SIGNATURE A CALLER OF THYSICIAN'S NAME 1Type) Marvin M. Nach	e. (i) (We) (did) (did nat) vi	ding Med. Sh. Director Ph	23 8, D	ATE SIGNED 3/27/7/
Parial Specifyl 3/31/71	LOT NAME of CEMETERY OF CREATER Crestlawn Cemete			or countyl (Stote)
	Be As	25C. FUNERAL DIRECTOR Witzke, 1630)E		

3/31/71 - Correction form from funeral director.

Sofo

IMPORTANT

DIRECTOR:

FUNERAL

If institution; residence before admission D. INSIDE CITY EMITS YES 1 NO If Under 1 Yr. Months: Days If Under 24 Hrs. Haurs i Min. Hours 12. CITIZEN OF WHAT COUNTRY? COLET ISAACS 5503 WILVAN BALTO, MD. 2 10 YRS 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimare City, give exact location) and that In(my) (aur) apinian death accurred an the date 23 B. DATE SIGNED 20 VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

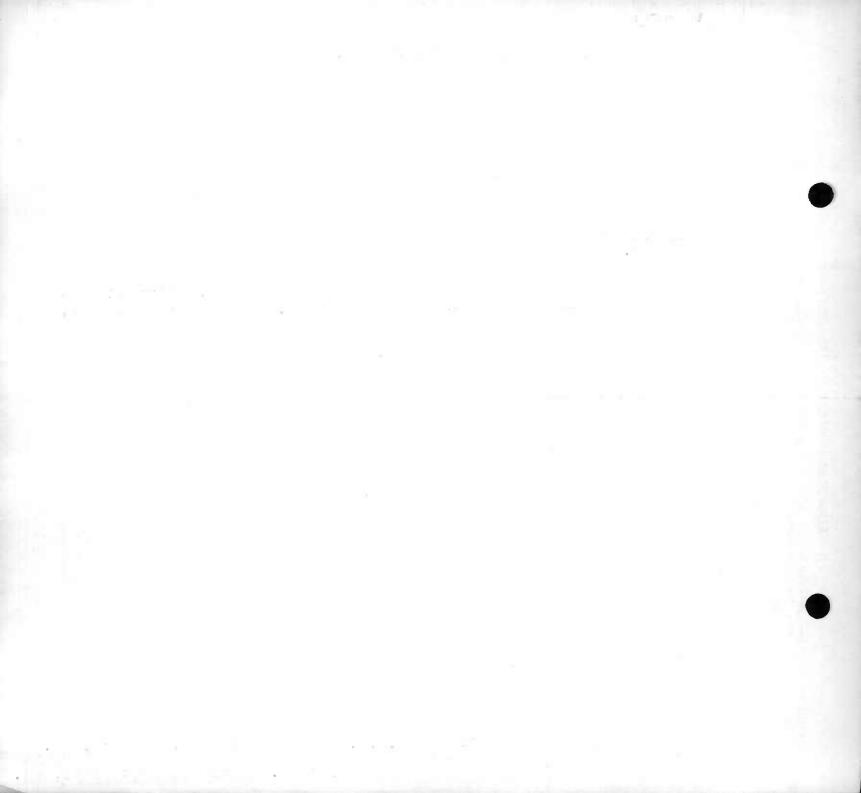
NID ER-TE 5503 WILVER RUE BALTE. CALTIGICKE, MD 8503 WILLIAM AVE. PR 8381,46,538 FINLAND HOUSEWIFE 399-01-4358 MISTALES TERRES SEES WITHE CEREBRAL ARTENESCLEROSIS HEBIPLEGIA, RIGHT, OLD DECEMBER, 53 AMACH 24 21

MARVINI GOLDSTEIN, M.D. EDDI FINE HEIGHTS PUE BALTO MID

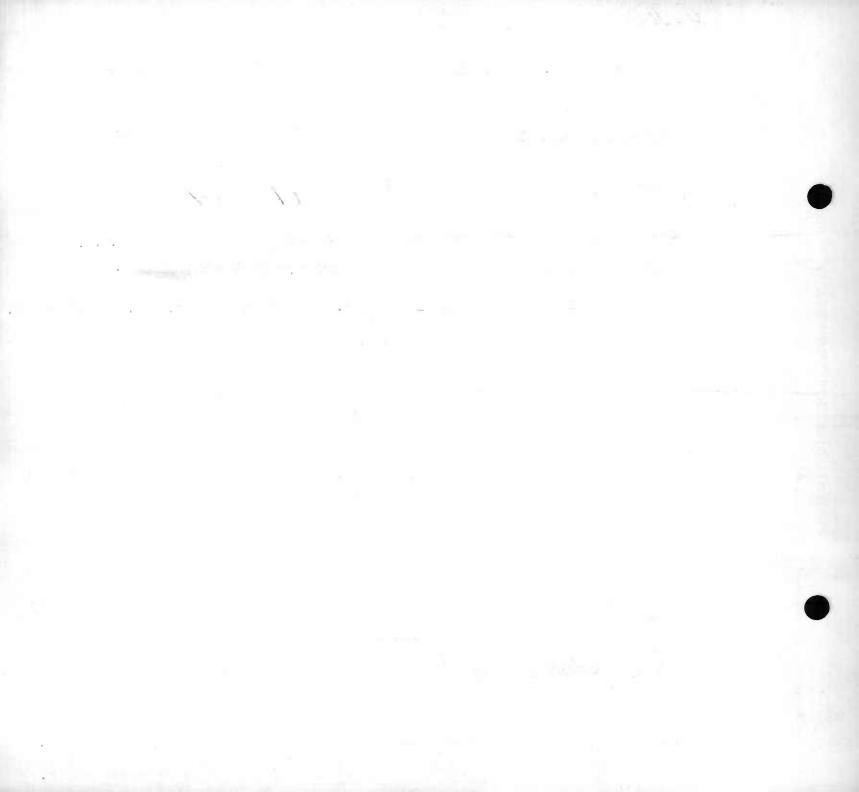
MARCH 25 MEL

marine Heldelini, m.s.

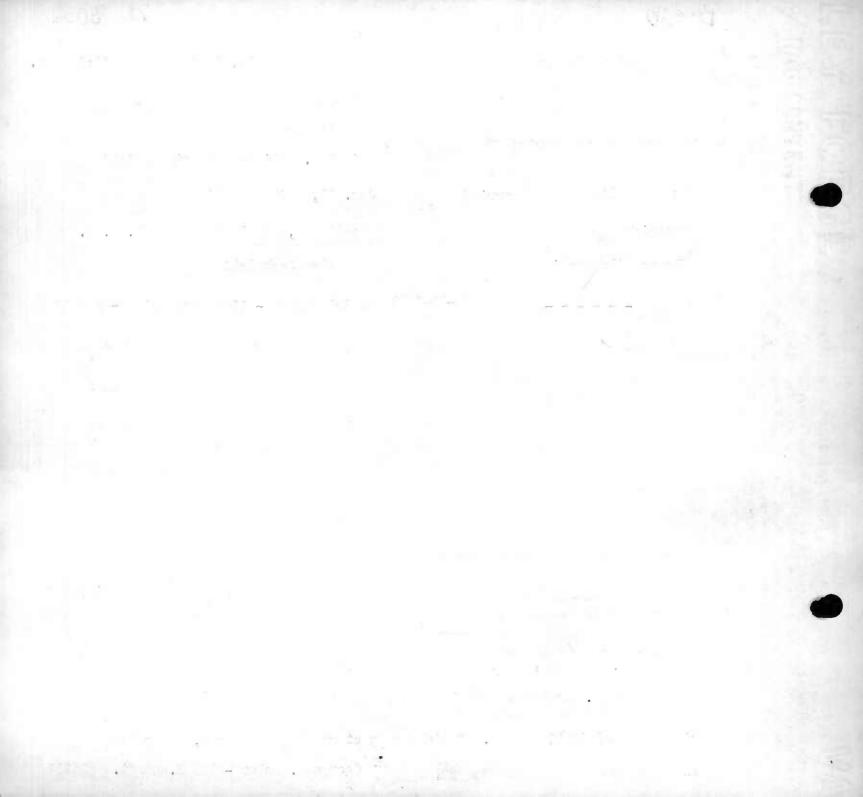
J-250 71 3058	4	TE OF DEATH X REG. N	71 3052
1. NAME OF DECEASED George Nels			DEATH
- ARKSON 6.	EORGE SA	. 3 210 7	1 6:40 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Where deceased tive	ed. If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	TUTION, GIVE STREET	Mo. ? Harfo	ord 6200
08		FOREST MAKE	YES NO Z
300 NIVERSITY HOSP	JATI	E. STREET AND NUMBER	
		BOX 181 COORT	OWN RD
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeo	rs If Under 1 Ye. , If Under 24 Hrs.
M N WIDOWED		4-39-18 23	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND O done during most of working, life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
DX STREET STREET	Auto	Mo.	USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
DAVID JACKSON		CLARA PRESTON	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or dates of service!	16. SOCIAL SECURITY NO.		Cooptown Road
		Mildred V. Jackson	
18. 2 4 9 0	CAUSE OF DEATH	d Cacason	A DODGOVIALA TO ANTODA AL
DISEASE OR CONDITION DIRECTLY		~	21050 BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE RESPIRATORY A	RREST
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	0115.30 00 40	CONSEQUENCE OF:	**************************************
injury or camplication which caused death.)			1
ANTECEDENT CAUSES	(B) BRAIN	A CONSEQUENCE OF:	3
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION tast.	10 54R1	A11544024	
11			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			ĺ
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OBSESSEOR CONDITION GIVEN IN PART 1 (A).	******************		
19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED
U 21A ACCIDENT WAS UNDERLYING 21B	BLACE OF INTURY	1,40	
OR CONTRIBUTING CAUSE OF CAUSE	PLACE OF INJURY (e.g., in e., form, factory, street, aff	ice bldg., INJURY OCCUR?	altimore City, give exact location)
	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROXI	ile At Not While		
22. I certify that (I) (this hospital) attended t		3-21 19 21 10	3-26 1971
that (i) (we) last saw the deceased alive an			r) apinian death accurred on the date
and haur and from the causes stated obove. (i) (We) (did) (did not) vi		
23A, SIGNATURE	Atten	ding Med. Staff	23B. DATE SIGNED
lea M Guest M co	DEGREE Phys.	Director Phys.	15/26/11
23C, PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	
24A. BURIAL CREMATION 1248 DATE	DEGREE		
ACIAIO AVE (Sheculy)	ME of CEMETERY of CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)
Burial 3/29/1971 F	airview A.M	.E. Forest Hil	l. Harford. Md.
MAR 29 1971 Robert 4. Jacks		25C. FUNERAL DIRECTOR	ADDRESS 21084
VS 150-REV. 1/1/68	5 · * * * * ·	Charles E. Kurtz	Jarrettsville, Md.



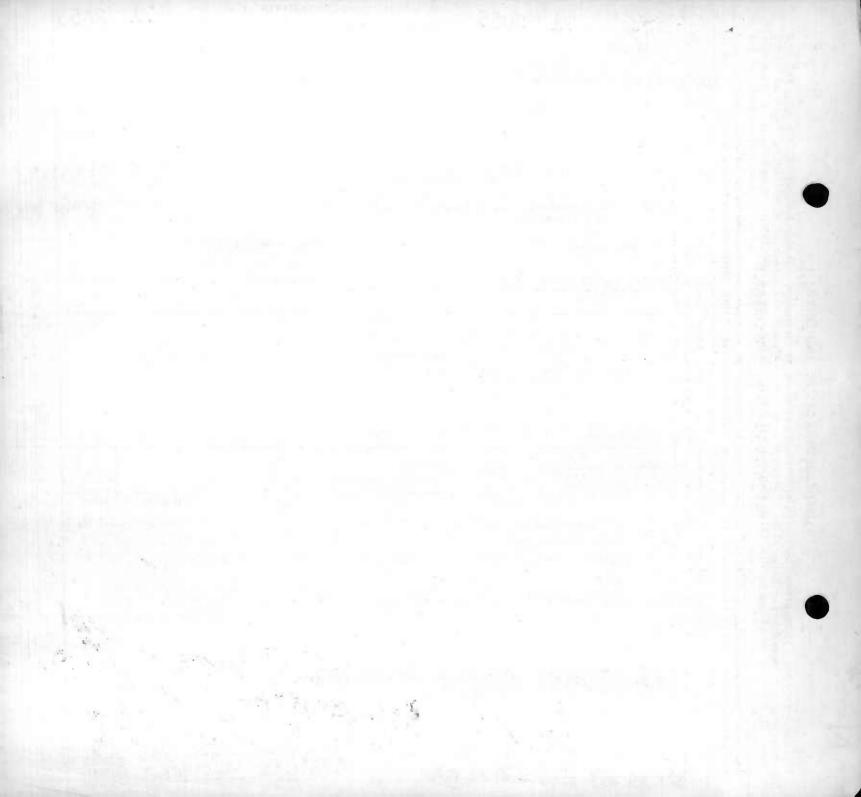
FUNERAL DIRECTOR: IMPORTANT



BHATH NO.	71	3054	CERTIFICA	TE OF DEATH	Registered No.	71 3054
M.E. CASE NO. 1. NAME OF DEC (Type or Print)					ND HOUR OF DEATH	A and a second
PLACE OF DE	Helen Bower	-		MATCH	27, 1971	12:30 & N
FULL NAME (HOSPITAL OR INSTITUTION		ar institution, g	give street	Maryland	NTY	RURAL and give township)
The Go	ould Convalesa	rium			rurol, give lacotian)	//o.4.00 h
. SEX	6. RACE	7 AA ABBIED	NEVER MARRIED	1108 S. Robi	nson Street	#21224 If Under 1 Yr. If Under 24 Hrs.
Female		WIDOWED	DIVORCED (specify)		lost birthday)	Months Days Hours Min.
	Wiite	Mart.		Jan. 23, 1917	eign country)	12. CITIZEN OF
ane during mast of	working life, even if retired)				org., occur,	WHAT COUNTRY?
Housew				Baltimore, Ma	ryland	U. S. A.
3. FATHER'S NA				14. MOTHER'S MAIDEN NA	AME	
Thoma	ıs Wilczynski			Helen Jask	ulski	
	d Ever in U. S. Armed For n)(If yes, give war ar date		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	7-1-1 9-1-1 1-1-1 1-1		214-03-1773	Daniel Rovers	_ 1100 Taca	Drive - #21221
1B. 20	0 / 1		CAUSE O		- 1107 Tace	INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY		0 -	D	ONSET AND DEATH
	LEADING TO DEATH		(A)	acut	mamoutis.	S days.
	not meen the mode of osthenio, etc. It meens		DUE TO	Λ	*	······································
	mplication which coused			1		2.1
	ANTECEDENT CAUSES		(B)	garcoma	god digentiado nive ma ma mario sus que que de disseja equegralar groupe que que ma ma confluidições de comisa desd An digentiado nive ma ma mario sus que que que de disseja eque que que que que ma ma confluidições de comisa desd	with hy
	OR CONDITIONS, if		000.0	P. 50	7) -	?
	G CONDITION lost.	stoting the	(C)	1 2/13 2 1	/ sease	
0.1.551111				<u> </u>		
E TO THE D	III INFICANT CONDITIONS COMMENT DEATH BUT NOT RELATED CONDITION CAUSING I	ATED TO TH				
		DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21 B. ham etc.)	e, lorm, factory, street, of	ar about 21C. WHERE DID injury occur?	(If in Battima	re City, give exact lacotian)
21D. TIME	(Month) (Day) (Year)	(Hour 21E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		Whi	ile At Nat While		4	
	4. (1) (1)			2/2/	1.0 21	3/27/21
			he deceosed from		.17to	9/2/19/
thot (I) (we) lost sow the decease	ed olive on		26/19.7/ ond t	hot In (my) (Awe) op	pinion death occurred on the do
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ted obove. (1) (Wa) (did) (dld not) v	iew the body ofter deoth	·	
23A. SIGN AT	RECOM DA	Gradlen				23B. DATE SIGNED
Alber	rt B. Bradle	y, /	M.D. Atte	ending Med.	Staff Phys.	3/27/7/
23C. PHYSICI	ANS	-		23D. ADDRESS		1111
NAME (lbert B. Brac	dley,	M.D.	4900 Bela	ir Road 2	1206
4A. BURIAL CRI			AME of CEMETERY OF CRE	MATORY 24D.	LOCATION	City, tawn, ar caunty) (State)
REMOVAL						
Burial	3/30/71		. Stanislaus (altimore,	Maryland
SA, DATE REC'I	D BY HEALTH DEPT.	25B, NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
MAK 2	9 19/1 Kalbert	En Vais	en M.O.	George A. We	ber - 705 S.	Ann St. #21231
/S 150-REV. 1/1/	/65			C : 2 C : 2		



FUNERAL DIRECTOR:



fracture of

Such

death.

prior

eceased

written approval must be obtained before the remains are embalmed or final disposition is made.

and (6) No physician was

death);

MAR 29 1971

VS 150-REV. 1/1/68

where

any nature; (2) Body

shows: (1) deceased

the body was D.O.

attendance

regular

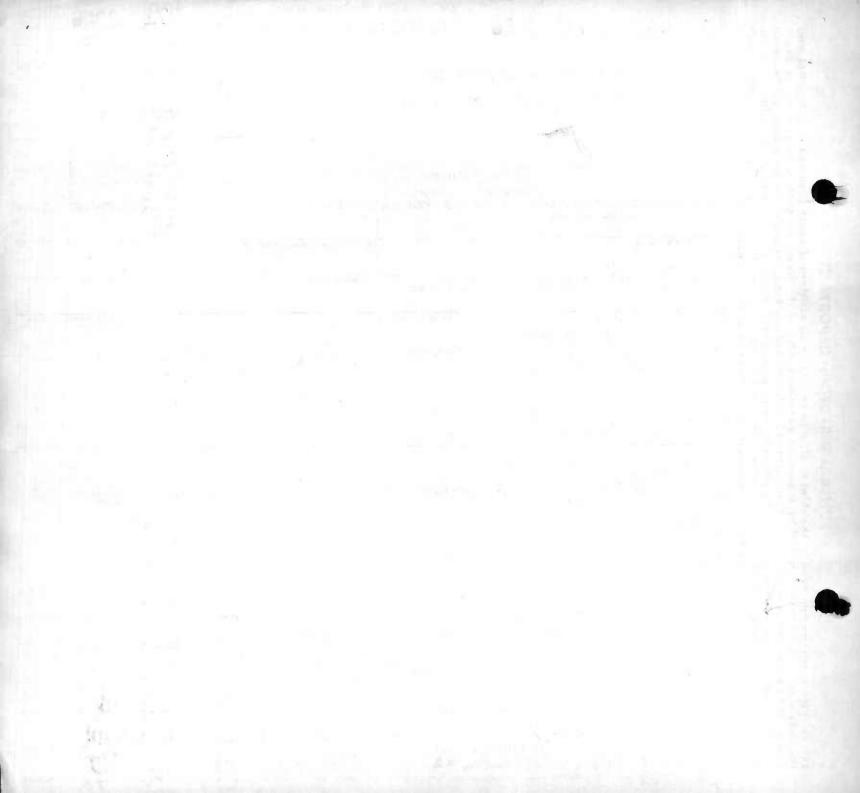
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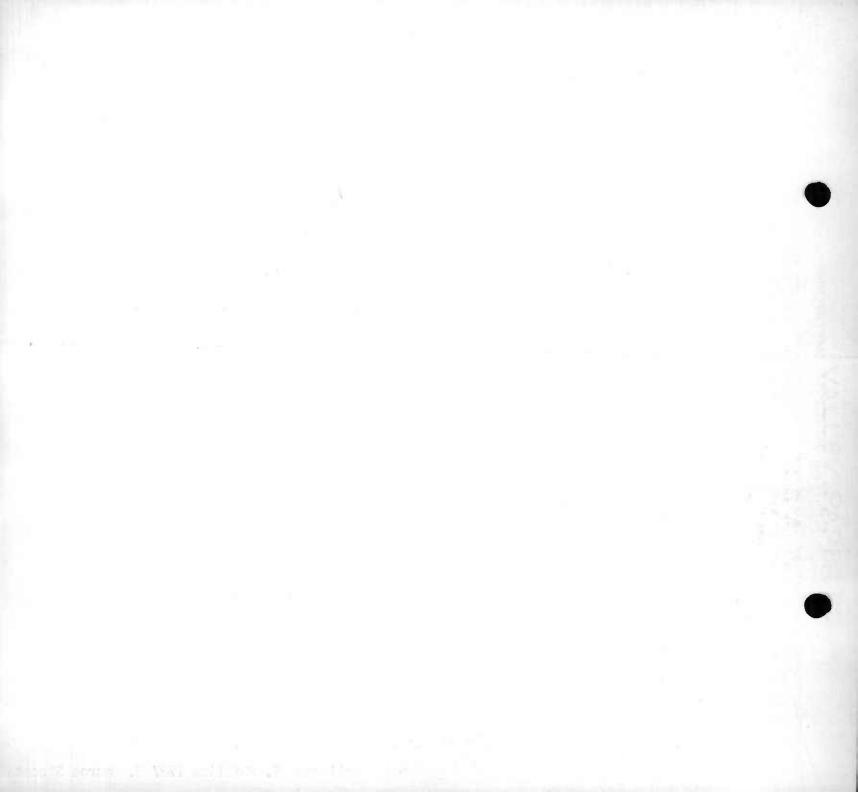
a hospital

_		BALTIMORE CITY	HEALTH DEPARTMENT	v / MA	0050	1
BIR	TH NO. 77-049351 308	CERTIFICA	TE OF DEATH	REG. NO.	3055 7	
	De or Print) BABY GIRL	Schmidt		NO HOUR OF DEATH	1200 AN	-
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONO UNCED DEAD	A. STATE B. COU	ere deceased lived, If institution	n: residence before admission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	That AA	(0.	5200	
IN:	STITUTION		C. CITY OR TOWN	D. INSIDE CIT		
5	MERNI		E. STREET AND NUMBER	ore YES	NO	_
_	Thereey		4933	Brookewo	od Rd	
5. S	6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years If Ur Mont	nder 1 Yr. If Under 24 Hrs.	
	F W WIDO		3-15-71	Newbosni	130	
doni	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if refired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	rign country) 12. C	THE OF WHAT COUNTRY	7
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME		_
	Hilliam Achi	nidt.	Lillie	m. Han	let !	
15, \ (Yes	Was Deceased Ever in U.S. Armed Forces? ,no or unknown) (If yes, give war or dates of sen	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	-
	18.769101	CAUSE OF DEATH	1		APPROXIMATE INTERVAL	-
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		E PREMATU	nima (sala) 11	42	
	(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	~ L	7001		
	heart failure, asthenia, etc. It means the dis injury or complication which coused death.)	ease,		1lb 2 ong.).		
	ANTECEDENT CAUSES	Cerv	ind income	Ill 2 ons.). Petence.		
	DISEASES OR CONDITIONS, if ony,	iving DUE TO, OR AS	A CONSEQUENCE OF:	flence.		
	rise to the above cause (A) staling UNDERLYING CONDITION last.	(c)				
	11	(0)				_
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	ING "				
Y	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			***************************************	
CERTIFIC	19A DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPST? (Yes or N	O) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?	
-	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If In Baltimare City,	give exact location)	-
MEDI	21D.TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		-
2	(APPROX.)	While At Work Not While	· 🗆			
	22. I certify that (I) (this hospital) attend	led the deceased from		19ta	19	-
	that (i) (we) last saw the deceased alive	on	19and th	at In(my) (aur) apinion de		
	and haur and fram the causes stated above	ve. (1) (We) (dld) (dld not) vi	iew the body after death.			
	23A/SIGNATURE			23 8 _s D	ATE SIGNED	-
	Juans Lugar	After Phys	nding Med. Director	Stoff Phys.		
	23CA PHYSICIAN'S NAME (Type)	DEGNEE	3D. ADDRESS			-
	JUAN J	Lugo. Al	ATOMY ROAF	ED OF MARVI	AND	
24A		IC. NAME OF GEMETERY OF CRE	MATORT 24D. L	OCATION (City, lown,	or county) (State)	-

256. NAME OF REGISTRAR

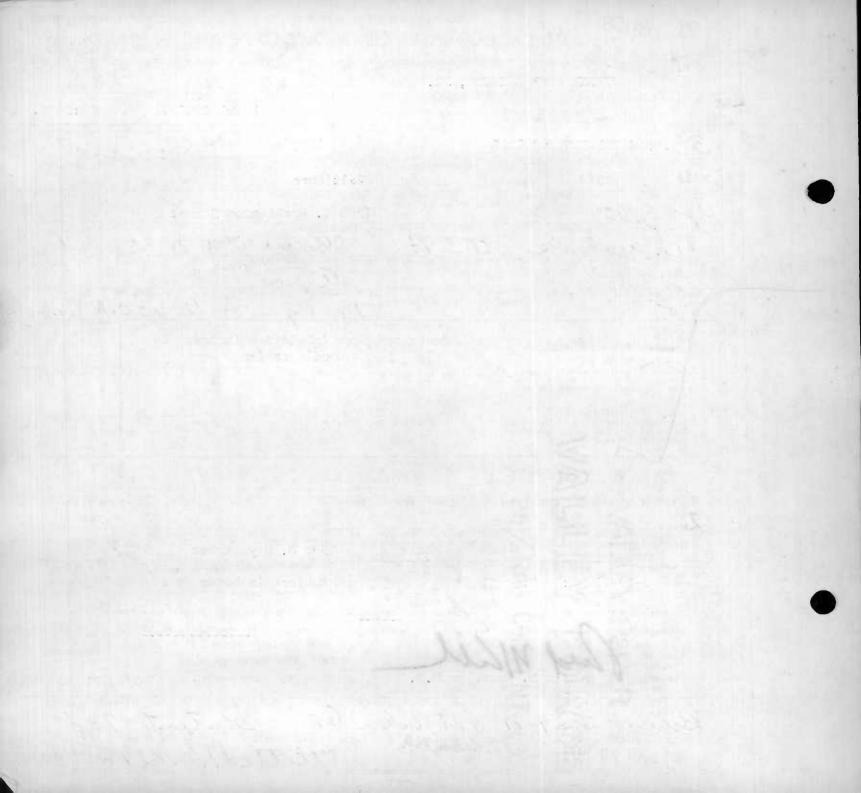
SIGNED (State) HOPKINS MEDICAL ORTUARY SERVICE





	BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL	EXAMINER'S CERTIFICATE OF DEATH

(Type or Print)	CEASED	DE ITAL	TON ID	2. DATE Knawn 🔼	Month Do	y Year	Haur
	WILLIE I		TON, JR.	DEATH Estimated L 3. DATE	Month Do	y Year	Hour M.
FULL NAME OF HOSPITAL	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	PRONOUNCED DEAD	March 20,1	971	10:54 P.
OR INSTITUTION	INS HOPKINS H			5. USUAL RESIDENCE (Wh A. STATE Marylan	9 601		befare admission)
6. SEX	7. RACE		NEVER MARRIED	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?	0
Male	Negro	WIDOWED		Baltimore		YES 🗌	№ □
DATE OF BIR	1950 last birthd	(In years If I	Under 1 Yr. If Under 24 Hrs. Inths Doys Hours Min.	E. STREET AND NUMBER			
1. BIRTHPLACE	Stote or foreign country)		CITIZEN OF	1508 N. Washi	ngton Stree	τ	9 .
77.	aurline	0	WHAT COUNTRY	Wille	Lee /	finten	Sh
4A.USUAL OCC	UPATION (Give kind af wor working life, even if retired	k 148. KIND OF	BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN N	AME		
6 WAS DECEA	SED EVER IN U.S. ARMI	ED FORCES?	17. SOCIAL	18. INFORMANT		ADDRESS	
	n) (If yes, give war or date		SECURITY NO.	Mrs. agne	Hintor	1509	N. Washinst
heart failur injury ar co	not meon the mode of ce, asthenia, etc. It meons it mplication which caused distribution of the condition of the conditions, if an element of the conditions is above cause (a) sting condition last.	he diseose, leath.) NY, GIVING IATING THE		AS A CONSEQUENCE OF:			
E	NIFICANT CONDITIONS						
OTHER SIG	EATH BUT NOT RELATED T						OPSY? (Yes or Na)
OTHER SIG TO THE DI DISEASE C	EATH BUT NOT RELATED T OR CONDITION GIVEN IN	PART I (A).	R WHICH OPERATION W	AS PERFORMED	HIME	21. AUT 0	yes
OTHER SIGN TO THE DISEASE OF THE DIS	EATH BUT NOT RELATED TO RECONDITION GIVEN IN DEPOPERATION 2008. CO	PART 1 (A). DNDITION FO 22B	B. PLACE OF INJURY(e.g., ne, farm, factary, street, affic HOUSE	in or about 22C. WHERE DII	ay Street		yes
O TO THE DIDISEASE CO. 20A. DATE CO. V 22A. EXTE UNDERLYIN UTING C. Z 22D. TIME OF INITIPE OF I	EATH BUT NOT RELATED TO RECONDITION GIVEN IN DEPOYEE TO THE RESERVE OF CONTRIBANCE OF DEATH.	PART 1 (A). DNDITION FO 228 hon por) (Haur)	S. PLACE OF INJURY(e.g., ne, farm, factory, street, affice HOUSE 22E. INJURY OCCURRED WHILE AT NOT	in or about 22C. WHERE DI to bldg., etc.) INJURY OCCUR 1508 N. 6	O (If in Bollimore City, Pay Street INJURY OCCUR? in house fi	give exoct location)	yes
OTHER SIG TO THE DIDISEASE CO TO THE DIDISEASE	FINAL CAUSE WAS GNOR CONTRIBA AUSE OF DEATH. (Month) (Day) (Ye 3-20-71 8:30	PART I (A). DNDITION FO 228 hon or) (Hour) P	B.PLACE OF INJURY(e.g., ne, form, factory, street, affice HOUSE 22E.INJURY OCCURRED WHILE AT NOT NOT NOT NOT	in or about 22C. WHERE DIL to bida, etc.) 1508 N. C 22F. HOW DID Subject tapsy and that are the Homicide CHIEF MEDICA ASSISTANT MEDICA	ay Street INJURY OCCUR? in house fi this basis, death Undetermined me L EXAMINER	give exect location) Te in my apinian	yes DATE SIGNED
OTHER SIGNA OTHER SIGNA OTHER DISCASSE OF TO THE DIDISEASE OF THE DISEASE OF THE DIS	FINAL CAUSE WAS GNOR CONTRIBANCE OF DEATH. (Month) (Day) (Ye 3-20-71 8:30 Trify that I held an lited fram: Natural course.) LTURE ROAD	PART I (A). DINDITION FO 228 hon or) (Hour) P	S.PLACE OF INJURY(e.g., ne, farm, factory, street, affice HOUS @ 22E.INJURY OCCURRED WHILE AT NOT AT V Inspection Au	in or about 22C. WHERE DIL the bldg., etc.) 1508 N. 6 22F. HOW DID WHILE X Subject Itapsy X and that are the Homicide CHIEF MEDICA	ay Street INJURY OCCUR? in house fi this basis, death Undetermined me L EXAMINER	give exect location) Te	DATE SIGNED



3059	BALTIMORE CITY HEALTH DEPARTME
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	71	0059				LTIMORE CITY HE						
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	NAME OF DE pe or Print)		A DOWN TA				2. DATE	Known X	Month	Doy	Yeor	Hour
7.7	pe or rilling	MA	ARTHA D	ELL K	CLNARI)	DEATH	Estimoted	March	24, 19	71.	
4.	PLACE IN BA	LTIMORE, M.	ARYLAND, V	WHERE PI	RONOUN	CED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
FU	LL NAME OF						PRONOU	NCED DEAD			_	
HC	SPITAL	ÀDDR	OT IN HOSPITA	ATION)						24, 19		9:58 P.M.
	111011011	Union	Memori	al Ho	spita	1	5. USUAL RE	SIDENCE (Where	deceased liv	ed. Il institution	: residence	efore odmission)
						(DOA)	0. 31015	Ind.		S. COUNTY	7	1) 8
6.	SEX	7. RACE		B. MADD	IED N	EVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	00
							VR.	77			4	
0	Female	Neg Neg		WIDOV		DIVORCED L	12	umai	0	YE	ES L	ио 🗌
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11.	BIRTHPLACE	Stale or forei	gn country)		12. CITIZ		13. FATHER'S	NAME	71-577	,		
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don	e dyring most of	working life, ex	ven il relired)	A A	OF BUSI	NESS OR INDUSTR	115. MOTHER	S MAIDEN NAM	AE O			
-	Thesti	Tais	(-	Cle	nic		m	witho	, 81.	rang		
16.	WAS DECEA!	ED EVER IN	U.S. ARMET	FORCES	? 17.	SOCIAL	18. INFORM	ANT A		AI	DDRESS	
(Ye	s, no or unknown	(If yes, give	wor or doles	of service		SECURITY NO.	The	114		1 1.4.	2 01	1- 1+
1	19.		-				14cm	ry V. Je	nara	- 61-) Klass	march.
	T-1	651	X			CAUSE OF DEA	TH	1				PROXIMATE INTERVAL TEN ONSET AND DEATH
	DISEA	E OR CONE	DITION DIPE	CTIV								
	J.52.	LEADING TO		CILI			Con	nahat	-dE	ho - d		
	(This does	nol meon the	mode of dy	ing, e.g.,		(A) IMMEDIATE C	AS A CONSEQU	nshot wou	nas or	nead		
	heort loilur	e, osthenio, etc implication whi	c. It meons the	diseose,		DOE 10, 0K /	AS A CONSEQU	JENCE OF:				
	111017 01 00	inplication will	cu coosed de	om.)								
	A	NIECEDENI	CAUSES			(0)						
				Y. GIVING		DUE TO, OR	AS A CONSEQ	UENCE OF:				
	RISE TO TH	OR CONDITI	USE (A) STA	TING THE								
Z	UNDEKLYI	NG CONDIT	ION LASI.			(c)						
CERTIFICATION			11									
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문	DISEASE OF	ATH BUT NO	RELATED TO	THE TERM	INAL							
RI					EOD WHI	CH OPERATION WA	S DEDECORAL	.0				
SE	9	. O. EKAHOI	1200. CO	ADIIIOIA	FOR White	CH OPERATION WA	72 PEKFORME	:0			21. AUTO	PSY? (Yes or No)
-	21										,	Yes
S		NAL CAUSE			22B. PLAC	E OF INJURY (e.g., i, foctory, street, office	in or obout 22	C. WHERE DID (f In Boltimore	City, give exe		2011
EDI	UNDERLYING			+	nome, larn		bidg., elc.) IN					4///
ME			Doy) (Year	·\ /V) 22E IN	Street	22	Coldspri	ng Lane	and Ch	larles	Street
	OF INJURY				WHILE	AT OCCURRED	22	LY HOM DID INT	URY OCCU	K?		
	(APPROX.)	3-24-7.	1 9₹	31 P.	m. WORK	AT W	WHILE A	Shot by	unknow	n assail	Lant	
	23.											
	1 cer	tify that I h	eld an I	nquiry [Ins	pection Au	apsy 🔽	and that on th	Is basis, o	leath In my	opinion	
		ted from: N			Aceid			TTT.		-	_	
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	ACTUAL	()	1 (/-		1)		C	HIEF MEDICAL EX	KAMINER			DATE SIGNED
	SIGNAT		ince	,	S	Impall MD	ASSIS	TANT MEDICAL EX	CAMINER !			DATE SIGNED
	EXAMIN		orles	c cn	rikos	te, M.D.	ASSOC	LATE MEDICAL EX	CAMINED	7 Man	h 25	1071
	NAME (arres	oe ob	ruga	Les HeD.	~300	MAIL MEDICAL EX	OSMITTER	_ marc	ch 25,	17/1
	A. BURIAL CRE	MATION,	24B. DATE		24C. NA	ME of CEMETERY	or CREMATOR	Y 24D 1	OCATION	(City town	, or county)	(Stote)
RE	MONTAL (Spec	fy)	3-3	47	/	1 1-1	m -	20 /	1) 1	City, town,	or county)	(31016)
	Dure	ul 1	2-7	0-11	1 4	recutus	I Pm &	an l	ull	ulus		Will,
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. N.	AME OF F	REGISTRAR	25C. FI	NERAL DIRECTO	R	A	DRESS	,
		IND an	4074	00	05.2	aben KA	A	01-1	MU	111 100	20	1. 11.
_		MAK 29	[3/]	witer	D C, V	aroes		um -	JI, N.	11271	1/ac	come M.
VS	151-REV. 1/1/6	R Z	A									

DIRECTOR:

FUNERAL

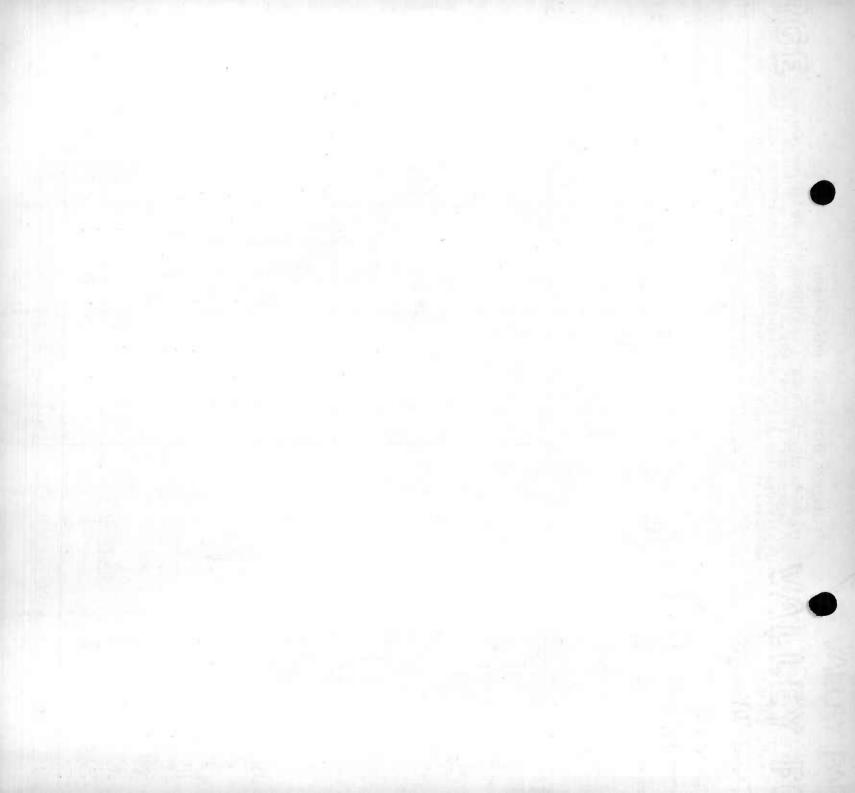
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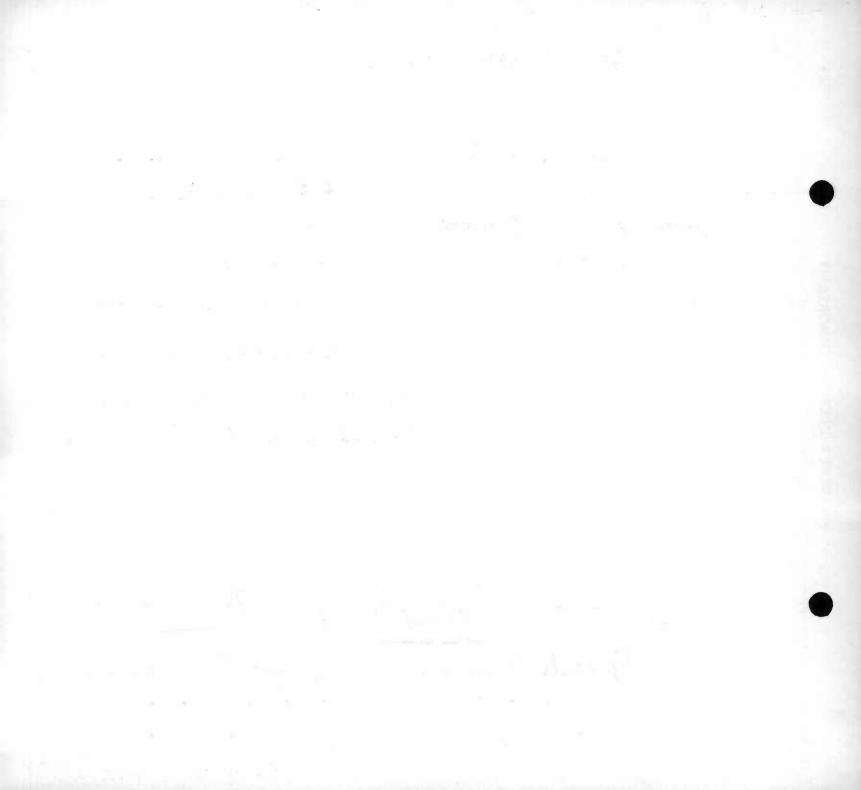


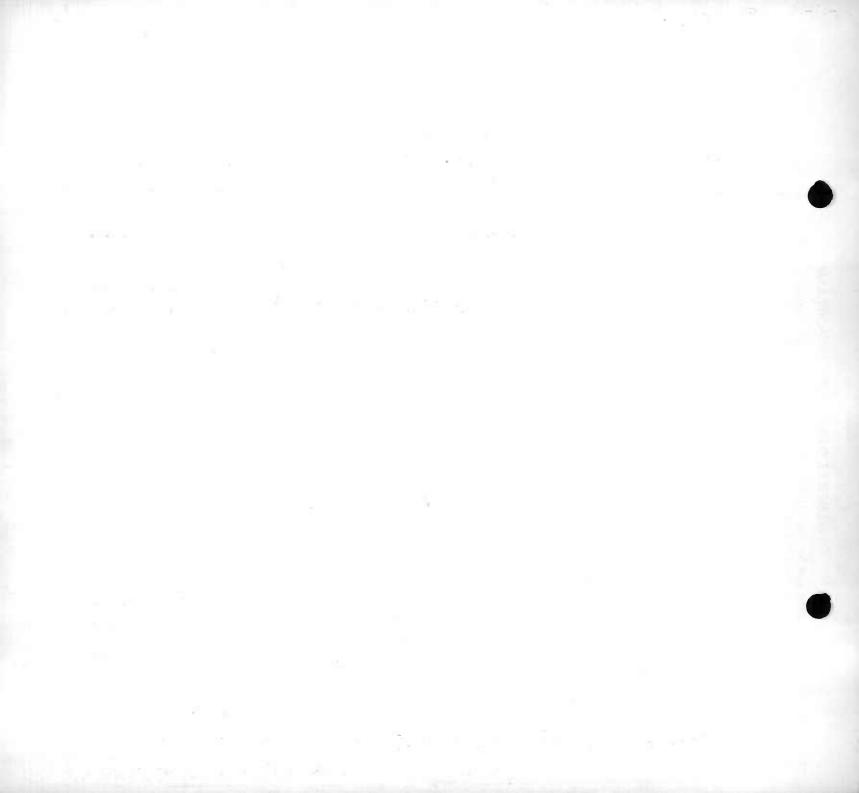
> 11-83-6 11-65-1 11-83-1

Joans, Jack Johnson

NIDTH ALC									
BIRTH NO		4 3063		CERTIFICA	TE OF DEATH	REG. NO			
Type or Pr	OF DECEA!	SED			2. DATE AN	ID HOUR OF DEAT	Н		
Type of Fr	onu	ANNIE MAUD	E HARDY		MARCH 27, 1971 M				
3. PLACE	IN BALTIN	ORE, MARYLAND, W			4. USUAL RESIDENCE (When	re deceased lived. If	institution: residence before admission		
FULL NAM	OR.	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	MARYLAND C. CITY OR TOWN		ISIDE CITY LIMITS!		
INSTITUTIO	ON					D. 11	200		
111					BALTIMORE E. STREET AND NUMBER		YES NO NO		
72	SINAI HOSPITAL				2708 Cylburn	Avenue			
. SEX	MAI		7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.		
FEMAL	E	COLORED	WIDOWED			lost birthdoy)	Months Doys Hours Min.		
OA LISUA	L OCCUPA	ATION (Give kind of work			6-1-1890	80	12. CITIZEN OF WHAT COUNTRY		
one during	most of work	king life, even if retired)	Tool Miles	DOUINESS ON INDUSTRI	The branch and the control of the co	gii coomiyi	12. CHIZEN OF WHAT COUNTRY		
Hou	sewife	3			North Carolina	3	U.S.A.		
3. FATHE	R'S NAME	-			14. MOTHER'S MAIDEN NA	ME			
	ah McG				Annie Maude				
S. Wos D	eceosed Ev	er in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
No	UIIKNOWN/ (II	yes, give wor or dole	s or service!	SECURITY NO.	Aragia Unnui	2700 0	Thum Area		
110				CAUSE OF DEATI	Arggie Harrison	1 - 2/08 CY	APPROXIMATE INTERVAL		
					accept day beach				
NOTHER TO THE DISEAS	IN THE ERLYING OF THE PROPERTY	CONDITIONS, if abave cause (A) CONDITION last. II ANT CONDITIONS COI BUT NOT RELATED TO THE CONDITION GIVEN IN PAR PERATION 1986. CON WAS PERF	NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR V	(c)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No)) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?		
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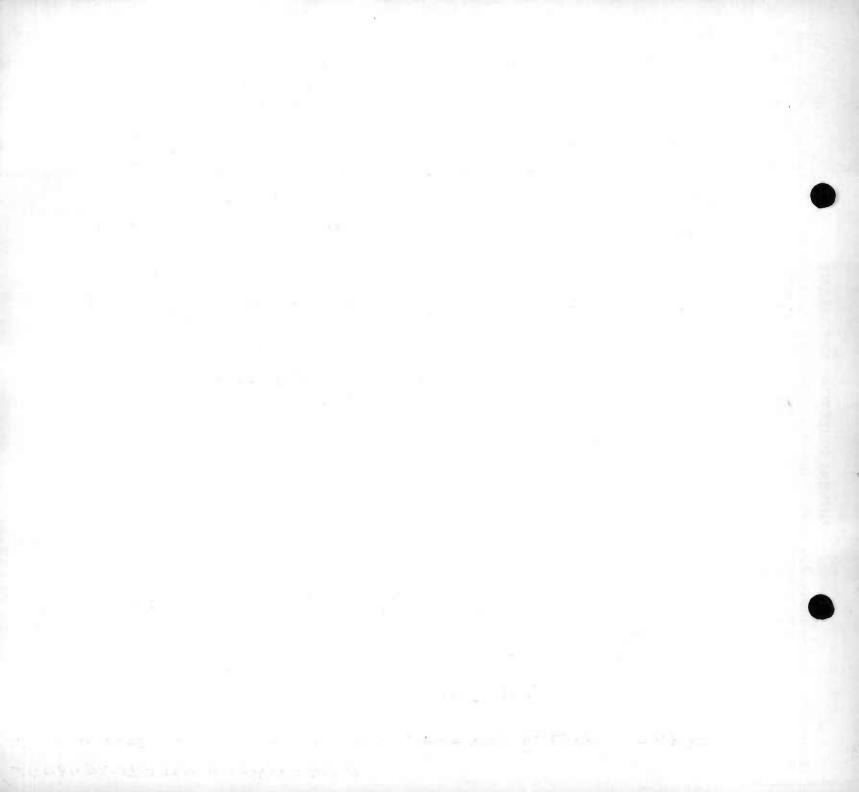
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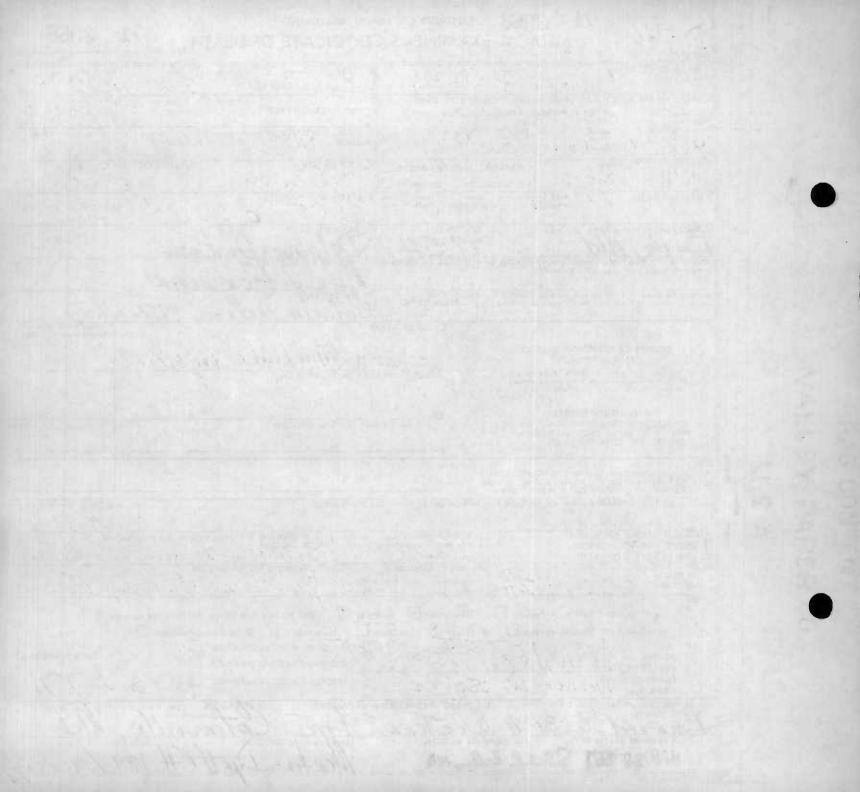
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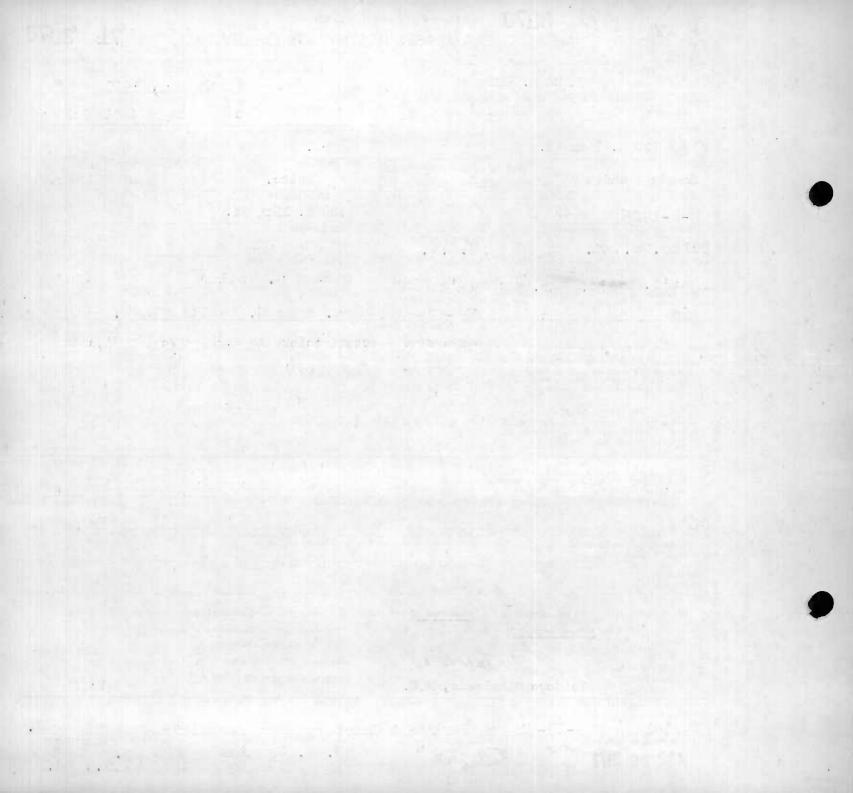
,	71 3068 BALTIMORE CITY HEALTH D	DEPARTMENT
1	D-120 MEDICAL EXAMINER'S CERT	TIFICATE OF DEATH REG. NO. 1 3068
	BIRTH NO.	REG, INO.
1. (Ty	Type or Print) ames F. Dubase 2. DA	
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DA	100
HO	HOSPITAL ADDRESS OR LOCATION)	ONOUNCED DEAD 3 27 71 21 Am.
4	46 Cutheran Hospital A. STA	UAL RESIDENCE (Where deceased lived. Winstitution: residence before admission) ATE B. COUNTY 15 2
6.	SEX 7. RACE NEVER MARRIED C. CH. WIDOWED DIVORCED	Ship wire D. INSIDE CITY LIMITS?
9.		REET AND NUMBER
110	1_BIRTHPLACE(Stote or foreign country) 12, CITIZEN OF 13, FA	THER'S NAME
K	Dorto, Md Wyazcountryr	Dolohin Du Bose_
	4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OF INDUSTRY 13. Moneduring most of working life, even if retired)	OTHER'S MAIDEN NAME
	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. IN	IFORMANT/ ADDRESS
(Ye	(es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Toxia DuBose, 3751-Reisteve town
	19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Multine Juliel
	(A) IMMEDIATE CAUSE / DUE TO, OR AS A CO	NSEQUENCE OF:
	heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ONSEQUENCE OF:
Ó	(c)	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ERTI	20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERF	FORMED 21. AUTOPSY? (Yes or No)
C		701
EDICA	UNDERLYING FOR CONTRIB.	etc.) INJURY OCCUR? ELECTION OF Denison Intersection
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY OCCURRED WHILE AT NOT WHILE AT	22F. HOW DID INJURY OCCUR?
	23. AT WORK AT WORK	
	I certify that I held an Inquiry Inspection Autopsy	
	resulted from: Natural causes Accident Suicide	Homicide Undetermined manner
	ACTUAL MINISTER A STATE OF THE ACTUAL	ASSISTANT MEDICAL EXAMINER DATE SIGNED
		ASSOCIATE MEDICAL EXAMINER 3 2 7.71
24 RE	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATER	MATORY 240 LOCATION (City, town, or county) (Store)
10	DURIA 2-31-11 WESLERN 5	tare Catonsville, Mc.
25	MAR 2 9 1971 Pasade E. Jahre of Registrar	250 FUNERAL DIRECTOR ADDRESS
VS	'S 151-REV. 1/1/68	MUKATERS YELL . THE TOUR CAS
	/ W at the state of the state o	



71 3069 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO I. NAME OF DECEASED Known X 2. DATE Manth Hour (Type or Print) OF ISHMAEL S. DICKEY Estimated 3-25-71 DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE 3. Month Day Haur (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD FULL NAME OF HOSPITAL March 6:08 A. OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 1507 W. Lexington Street A. STATE B. COUNTY Maryland 6. SEX 7. RACE C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS Baltimore Male Negro WIDOWED DIVORCED NO 9. DATE OF BIRTH 10. AGE (In years E. STREET AND NUMBER If Under 1 Yr. II Under 24 Hrs. last birthday Months | Days | Haurs | Min. 1507 W. Lexington Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? JAKE DICKEY 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even if retired) NETTLE 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknown)((if yes, give war ar dates af service) 17. SOCIAL 18. INFORMANT **ADDRESS** SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, Injury or camplication which caused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)_ CERTIFICATIO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In ar about 22C. WHERE DID (II in Baltimare City, give exact location) hame, farm, factory, street, affice bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day)
OF INJURY (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) m. WORK 23. I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted from: Notural couses X Accident Suicide ___ Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED

ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. March 25, 1971 NAME (Type) 24A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, lawn, or county) (State) REMOVAL (Specify) Calvary Cemetry BURLAL County Md 25A. DATE REC'D BY HEALTH DEPA 258: NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Adolphus Halstead 1206 W orth VS 151-REV, 1/1/68

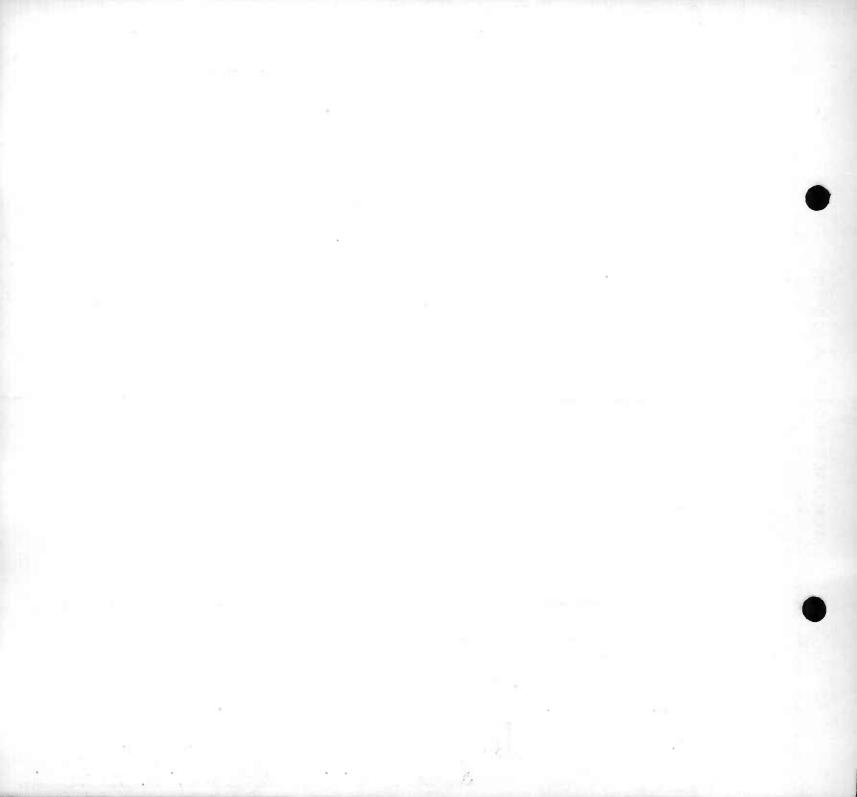
(E 40)	CERTIFICATE OF DEATH REG. NO. 71 3070
I. NAME OF DECEASED	2. DATE Known Month Day Yeor Hour
(Type or Print) GRACE M. KING	OF DEATH Estimoted March 26, 1971 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 3 26 1971 7:30 a M. [5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
○○ 720 E. 35th St.	A. STATE Md. B. COUNTY 903
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female white widowed DIVORCED	Balto. YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min. 05	. IE. STREET AND NUMBER
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
Balto.Co.,Md. U.S.A.	Stuart King
done durling most of working life, every tretired)	
Ret't. Ass't Monderchant's Club 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Bertha C. Voelpe
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
No 214-01-538	
19. Lf / CAUSE OF DEA	BETWEEN ONSET AND DEATH
LEADING TO DEATH	arteriosclerotic cardiovascular disease
(A)IMMEDIATE	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	no
	, in ar obout 22C. WHERE DID (If in Baltimore City, give exact lacation) ce bldg., etc.) INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NO.	T WHILE WORK 22F. HOW DID INJURY OCCUR?
23.	utopsy ond that on this bosis, deoth in my opinion
	de Homicide Undetermined manner
resulted from: Tydioroi couses Accident 301ci	CHIEF MEDICAL EXAMINER
ACTUAL ACTUAL	DATE SIGNED
SIGNATURE M.I	D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Isidore Mihalakis, M.D.	ACCOCIATE MEDICAL EVAMINED
NAME (Type) ISINGLE MIMILIARIS, M.D.	ASSOCIATE MEDICAL EXAMINER 3/26/71
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	3/26/71 or CREMATORY 24D. LOCATION (City, town, or county) (State)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY Burial 3-29-71 Parkwood	or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Cemetery Parkville Md.
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	3/26/71 or CREMATORY 24D. LOCATION (City, town, or county) (Stote)



DIRECTOR:

FUNERAL

3071 BALTIMORE CITY	HEALTH DEPARTMENT		mul comula
CERTIFICA	TE OF DEATH	REG. NO.	71 3071
ith Byers		HOUR OF DEATH	239P M
ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution	on: residence before odmission
L OR INSTITUTION, GIVE STREET	Md . c. CITY OR TOWN	D. INSIDE CI	1202 TY LIMITS?
Terrace	Baltimore E. STREET AND NUMBER	YES	□ NO □
	3/19 Guilford		
MARRIED NEVER MARRIED WIDOWED DIVORCED	5-22-93	77	nder 1 Yr. If Under 24 His. ths Doys Hours Min.
Own Home	11. BIRTHPLACE (Stote or foreign N. Carolina		CHIZEN OF WHAT COUNTRY?
OWII 1101110	14. MOTHER'S MAIDEN NAME		V 1944
	May	Waltsby	
s? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
212-01-4981	Miss Shirley	Byers	Same
CAUSE OF DEATH	T. the	1	APPROXIMATE INTERVAL
ying, e.g., (A)MMEDIATE CAU DUE TO, OR AS / eath.)	SE MUTOS C A CONSEQUENCE OF:	Cloris	76/10
y, giving (E) DUE TO, OR AS laling the	A CONSEQUENCE OF:		
RIBUTING TERMINAL			
I (A). TION FOR WHICH OPERATION RMED	20 A. AUTOPSY? (Yes or No.) 2	08. IF YES, WERE FINDIN N CERTIFYING CAUSES (GS CONSIDERED DE DEATH?
218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21C. WHERE DID	(If In Boltimore City,	give exoct location)
Hour 21E INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
While Al Not While At Work		52 DM	1 4/
attended the deceased fram	199.	25 to //4	2XC1 19/
ollye on 0 0	19and that !	in (my) (vou) apinian d	eath occurred an the date
bove. () (We) (did) (did not) vi	ew the bady after death.		
DEGREE Phys			SATE SIGNED
Welfrich DEGREE	5006 Roland At	ve.	
24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCA	ATION (City, tow	n, or county) (State)
l Elmwood Cemeter		lotte,	N. Carolina
SE NAME OF REGISTRAR	H.W. Jenkins Bal	Sons Co. 49	O5 York Rd.
de Company			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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6-65	0 71 3	072		HEALTH DEPARTMENT	10	71	3072
INAME OF DE			CERTIFICA		<u> </u>		
(Type or Print)	Mary R. Gr	een			TE AND HOUR OF DEATH	1	9:15 A
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONC	OUNCED DEAD	14. USUAL RESIDENCE	-25-71 (Where deceased lived If	institution; r	sidence before admission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	TUTION, GIVE STREET	_Md.	COUNTY		1307
NOITUTION				C. CITY OR TOWN	D. IN	SIDE CITY L	MITS?
(10	Wyman Park	Apart	tments	Baltimore	ED	YES X	NO [
V	3915 Beech	Ave.				D	-1- A 1
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	ch Ave. Wyms	in Pa	rk Apts.
F	W	WIDOWED		11-7-1886	(tost birthdoy)	Months	Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of work	10B KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	84	12 6171	ZEN OF WHAT COUNTRY
one during most of	working life, even it refired)					12. 0111	TEN OF WHA! COUNTRY
Homema 13. FATHER'S NA	ma de m	Own I	dome	Washingt	on, D. C.	USA	<u>4</u>
				14. MOTHER'S MAIDE	NAME		
Chris		Reamer		Emma	Nixon		
5. Wos Deceosed Yes, no or unknown	f Ever in U.S. Armed For i) (If yes, give war ar dole	ces? s of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
no			214-46-7639	Mrg From	n C. Reamer	7/12 2 2 2 "	22117
18. 24	0.7		CAUSE OF DEATH	111 D 11 (91)	To Meaniel.		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	ECTLY				19	SETWEEN ONSET AND DEATH
	LEADING TO DEATH		(ANIMMEDIATE CALL	Myocardi	al infarction	on I	3 hrs.
				CONSEQUENCE OF:	The state of the s	711	2 111 9 .
head failure, ashenia, etc. Il means the disease, injury ar camplication which caused death.) Arteric				sclerotic	cardiovascu.	lar	
ANTECEDENT CAUSES disease				Se			5 vrs.
DISEASES (OR CONDITIONS, II	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*******		713.
rise la lh	e above cause (A) G CONDITION last	stating the					
	11		(c)				
OTHER SIGNIE	II FICANT CONDITIONS COL	JIDIRIITING					
= ITO THE DEAT	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	IE TERMINAL	**********************		***************************************		
19A-DATE OF	OPERATION 198 CON	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE	FINDINGS	CONSIDERED
19A. DATE OF	WAS PERF			No	IN CERTIFYING CA	USES OF D	EATH?
21A. ACCIDE	NT WAS UNDERLYING	218.	PLACE OF INJURY le.g., in	or obout 21C. WHERE D	ID (If In Boltimo	re City, give	exoct location)
DEATH (notify	medical examined	etc.	o, form, foctory, street, olf	ce bidg. INJURY OCCU	R?		,
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?		
OF INJURY		1111111111111111	ile At Not While		INJURY OCCUR!		
		Wo		_			
	that (i) (this hospital)			tober	19 64 to Mar	ch 25	19 71
	last saw the decease			19 <u>71</u> on	d that in (my) (out) api	nion deatl	occurred on the date
and haur and	fram the causes state	ed abave. (I) (We) (did) (did mot) vi	ew the bady after dec	ith.		
23A. SIGNATU	IRE A D					23B, DATE	SIGNED
Los	und E. An.	or 1	MA DEGREE Phys.	ding Med. Director	Staff Phys.	Mar.	26, 1971
23C. PHYSICIA NAME (T	MS	1	DEOREE	D. ADDRESS			- , , 1
-		777 ~~			1 1		
AA. BURIAL CRE	Lloyd E. S.		DEGREE OF CREATERY OF CREATERY		mount Ave.		
REMOVAL (S	Specify)				D. LOCATION (C	ly, town, or	county) (Stote)
Burial	3-27-		udon Park Co		Baltimore	M	laryland
MAND OO	BY HEALTH DEPT.	25E NAME C	REGISTRAR	H W Jenki	ns Sons Co.	Loor	ADDRESS York Rd.
MUL ZA	iai i Anana			TY ON OCTUR	Baltimore	47U5	21212
150-REV. 1/1/6	5.8						

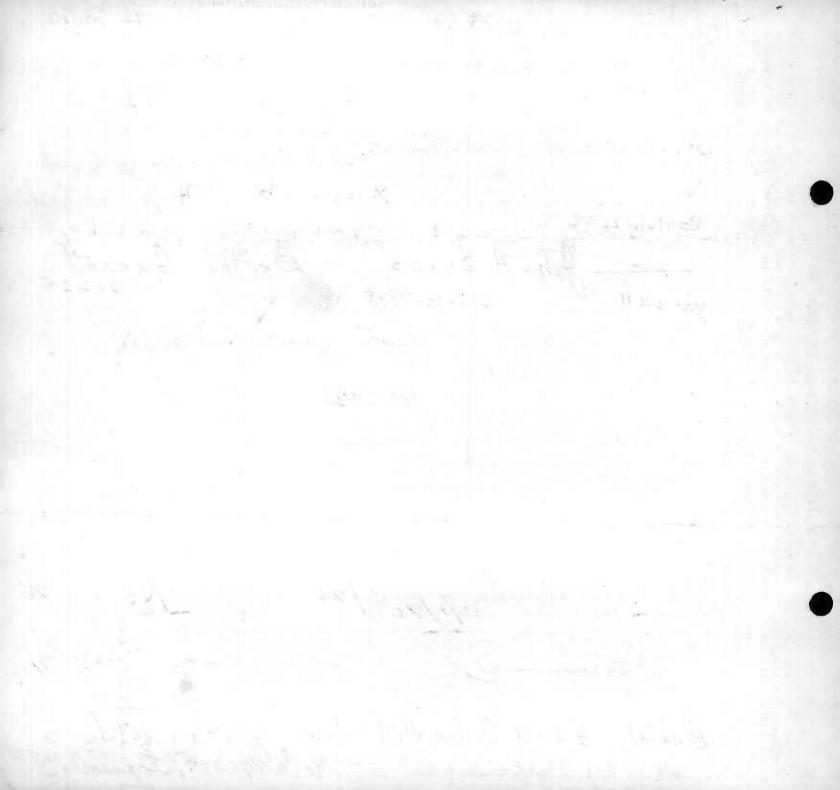


	T-624	71	3073		HEALTH DEPARTMENT		71 3073	3
	NAME OF DECE			AS, SR.	2. DATI	2/28/21	125	1
	PLACE IN BALTI	MORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (A. STATE B. CO	Where decessed lived If in DUNTY BALTIMORE	stitution: residence before ad	mission!
H	ULL NAME OF OSPITAL OR ISTITUTION			UTION. GIVE STREET		21093 D. INSI	DE CITY LIMITS?	00
	SINAL	HOSPITAL	of a	BALTIMORE	E. STREET AND NUMBER	1 1050W	ROAD	
5.	SEX	. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours	24 Hrs.
1	MISTAL OCCUP	W	WIDOWED		7/30/17	53		
do	ne during most of we	orking life, even if retired)		BUSINESS OR INDUSTRY		loreign country)	12. CITIZEN OF WHAT CO	OUNTRT
	POPRIET		HOME	IMPROVEME		To. Md.	71.5.A.	
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME		
	JOHN	L. TRE	GEL	LAS	KATHRY	N STROM	16	
15. (Ye	Wos Deceosed E	ver in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	ME
	YES	WWI		007-07-0960	MAS. MA	RGARET ,		20
	18./6=	120-		CAUSE OF DEAT	1		APPROXIMATE INT	
		OR CONDITION DI	RECTLY	CARO	INDMA OF Q	DESCENDING	AT LEAS	
	(This does not	meon the made of	dying, e.g.,	DILETO OF AC	SE CONSEQUENCE OF:	COLON	2 MOS	> -
	heort forture, a	sthenia, etc. It means lication which caused	the disease,	00E 10, 0k A3	CONSEQUENCE OF;			
		TECEDENT CAUSES					1	
	DISEASES OR	CONDITIONS, if	any, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:	*******************		
	rise to the	above couse (A)	stoling the					
		11		(c)				
ATION	TO THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO T NOTION GIVEN IN PAR	HE TERMINAL		*****************************		******************************	
FIC	19A-DATS OF C	PERATION 19R CON	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes o	No. 208, IF TES, WERE F	INDINGS CONSIDERED	
CERTIFI	2/14 214 ACCIDENT	III CA	NICLE	NOING COLON				
CAL	DEATH (notily m		etc.)	PLACE OF INJURT (e.g., ir e, lorm, factory, street, of	ice bldg., INJURT OCCUR	(If In Boltimore	City, give exact location)	
MEDI	OF INJURT	Month) (Doyl (Year)		INJURY OCCURRED Not While At Work		INJURT OCCUR?		
	22. I certify th	nat (1) (this hospitol) ottended ti	ne deceased from	417	_19 7/ ta 3/.	28 19	7/
		est saw the deceose		3/28	19 7 / ond	that In (my) (our) opin	alon death occurred an t	he date
			ed obove.	(We) (did) (did not) vi				
	23A. SIGNATURE		1	MA		/	238, DATE SIGNED	
	all	uts. Illa	men /	DEGREE Phys	ding Med.	Staff Phys.	3/28/71	
	23C. PHYSICIAN NAME LTYP	el 1			3D. ADDRESS	1.6.	201	
	JE	REL K	ATZ	M-D. DEGREE	SINAL	HOSP. BAL	CTO. I'ld.	
24/	REMOVAL (Spe	ATION, 24B. DATE	24C. NA					Stote)
1 1	Burial	3-31-		laney Valley	Mem.Grds.	Baltimore	Co. Md	
25/	MAR	- 4000	25B. NAME O	Ben KD	H.W. Jenki	ns Sons Co.	4905 York F	₹d.
1/6	150 PELL 1/1/20		19		-1 -1	- Baltimor	e Md 212	

V-23 BIRTH NO.		3074		TE OF DEATH	REG. NO	71	3074
1. NAME OF DEC	Margar Margar	ret	Vogedes		nd Hour of DEATH		930p
FULL NAME OF HOSPITAL OR INSTITUTION	of Green Nu	TAL OR INSTIT ATION)	UTION, GIVE STREET	A. USUAL RESIDENCE (WIA. STATE & COU Maryland C.CITY OR TOWN Baltimore E. STREET AND NUMBER 5704 The A	D. INS	SIDE CITY LIMITS	748
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9-17-1889	9. AGE (in years lost birthday)	If Under 1 Y Months Doy:	Il Under 24 Hrs Hours Min.
10A, USUAL OCC done during most of Ret [†] d. 13. FATHER'S NA	Buyer			11. BIRTHPLACE (Sioto or lo Baltimore,	meign country) Md.		OF WHAT COUNTR
Fr	rederick Vog			14. MOTHER'S MAIDEN NA Louise			
5. Was Decoased Yes, no or unknown	Ever in U. S. Armed For ill yes, give war or dote	rces? es el service)	16. SOCIAL SECURITY NO. 214-03-7139	17. INFORMANT Mr. Willia	am Vogedes		Pkwy Univers
OTHER SIGNIF	OR CONDITIONS, if o obove couse (A) G CONDITION lost. II FICANT CONDITIONS COINT BUT NOT RELATED TO THE	Stoling the	(c)	Leviosc	bour	0	
19A-DATE OF	ONDITION GIVEN IN PAR OPERATION 198 CON WAS PER	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CON	SIDERED H?
OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical examined	21B hom etc.l	e. form. loctory, street, of	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Boltimor	ro City, give exoc	t locotion)
21D.TIME OF INJURY (APPROX)	(Month) (Doy) (Yeorl	Whi		21F. HOW DID IN	JURY OCCUR?	5	1
that (1) (we)	/	d olive on_	merch	/619ond ti	hot In (my) (pur) opi		19 //
ZBA. SIGNATU	RE The courses, stot	ed above. (1) (We) (illd) (did not) vi	ew the body ofter death.		23B, DATE SIG	
23C.PHISICIA	S J J S	Jour	OEGREE Phys.		Shaff Phys.	3-	29-7/
23C. PHYSICIA NAME (T)	Di. VVII	/	oegree Phys. Helfrich M. Degree	3D. ADDRESS 5006 Roland	d Ave. Balt	., Md	29-7/
A. BURIAL CREA REMOVAL (S Burial	MATION. 248. DATE 4-1-1	24C. NA	OFFICE Physics 2 3. Helfrich Degree M. Degree M. Degree Druid Ridge	Director L 3D. ADDRESS 5006 Roland MATORY 24D. I	d Ave. Balt ocation (ci Pikesville,	ty, lown, or cour	29-7/



BIRTH NO. JAME OF DECEASED Type or Pacific State Type or Pacific	1 /	100		BALTIMORE CITY	HEALTH DEPARTMENT		17/4	ONTE
I. HAME OF DECEASED Type or Panial J. PARCE IN BALTIMORE, MARTLAND, WHERE FRONDUNCED DEAD J. PARCE IN BALTIMORE, MARTLAND, WHERE FRONDUNCED DEAD J. PARCE IN BALTIMORE, MARTLAND, WHERE FRONDUNCED DEAD J. STREET AND HOUSE OF DEATH J.	BIRTH N 1. NAM	102 71	3075	CERTIFICA	TE OF DEATH	REG. NO	11	30%D
3. PLACE IN BALTIMORE MARTLAND, WHERE PROMOUNCED DEAD A. USUAL RESIDENCE (Vivine decorated lived.) If satisfacione estidence be a COUNTY	D I.NAM	E OF DECEASED	_		2. DATE AN	D HOUR OF DEATH		
FULL NAME OF ROSTITUDOR ADDRESS OF LOCATION () ROSTITUDOR OF ROSTITUDOR ADDRESS OF LOCATION () SERVET AND NUMBER 10. INSIDE CITY LIMITS? NOT STREET AND NUMBER 10. INSIDE CITY LIMITS? NOT STREET AND NUMBER 10. INSIDE CITY LIMITS? NOT STREET AND NUMBER 10. AGE (in years with Months) Doys He will not street and the mode of drawn location of the second lity years year or doses of servical and the mode of drying, e.g., the other course destination of the caused destination of the part of the part of course and the mode of drying, e.g., then follow, cathenia, etc. It means the disease, injury or complication which caused destination of the part of the par	(Type or	John John	E. Ev	ans		- A- A-		11:15 R
FILL NAME OF PROTEIN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION) ROSPITATION ROSPITAL OR INSTITUTION ROS	3. PLAC	CE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: reside	ence before admis
NSTITUTION Carried Ca	FULL N	NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION	GIVE STREET	·MARQUIA	Q	16	134
SER SECE MARRIED NEW MARRIED S. DATE OF BIRTH S. ADE TO STRING Manths D. Day Man	HOSPIT	AL OR ADDRESS OR LOCA	ATION)	GIVE STREET	C CITY OR TOWN	D. INSI	DE CITY LIMIT	5?
SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years with the property of the prop	PL		or Conval	Locant Cat	o Battimo	ne.	YES -	NO 🗌
DIVORCED	141	15. PARK Hei	ell. Als.	Balt mo				
Months; Doys Mo MONTHS Doys Mo MONTHS Doys Mo Months Doys Months Doys Months Doys Months Doys Months Doys Mo Months Doys Months Doy	-1.		0	1 (24,000) 110	3518 HOR	con Aue		
DIVORCED NO. USUAL OCCUPATIONICIUS bind of working life spried 12, CITIZEN OF WILLIAM 13, CITIZEN OF WILLIAM 14, MOTHER'S MAIME 14, MOTHER'S MAIME 14, MOTHER'S MAIME 14, MOTHER'S MAIME 15, CITIZEN OF WILLIAM 15, CITIZEN OF WILLIAM	. SEX	6. RACE	7. MARRIED NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years		
September of weaking liber of deleted of serviced 16. SOCIAL 17. INFORMANT SETTING CAPTURE OF CAPTU	n	n w	WIDOWED	DIVORCED X	11-10-07	621		
15. WGS Deceased Ever in U. 5. Aimed Forces: 16. SOCIAL 17. INFORMANT 20. EXT.			108. KIND OF BUSIN	NESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN	OF WHAT COU
S. Web Deceard Feer in U. S. Princed Faces? Journal Feer in U. S. Princed Faces. Journal Feer in U. S. Pri	To before	7/010 \$200		_	2.1t.		1.0	4.2
SECURITY NO. 18.1	3. FATI	HER'S NAME			4. MOTHER'S MAIDEN NAM	AE		3-1-4.
SECURITY NO. 18.1		1.	N 5		B	+1		11
SECURITY NO. 18.1	5 Was	Decembed Ever in II S Armed En	10 17.	1000	7 INFORMANT	Tha G	-9 RR	ely
18.1 CAUSE OF DEATH CAUSE OF CONDITION DIRECTLY LEADING TO DEATH	Yes, no	or unknown) (If yes, give yor or dote	s of service) SI		77. INFORMANT		77	225
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head failure, asthema, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C) DIFE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (D) (C) DUE TO, OR AS A CONSEQUENCE OF: (D) DUE TO, OR AS A CONSEQUENCE OF: (D) (C) DUE TO, OR AS A CONSEQUENCE OF: (D) (C) DUE TO, OR AS A CONSEQUENCE OF: (D) (C) DUE TO, OR AS A CONSEQUENCE OF: (D) (C) DUE TO, OR AS A CONSEQUENCE OF: (D) (C) DUE TO, OR AS A CONSEQUENCE OF: (D) (C) DUE TO, OR AS A CONSEQUENCE OF: (D) (C) DUE TO, OR AS A CONSEQUENCE OF: (D) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CON	400	i www	213-	-10-1640	hilliam GiR	ARdi 35	18 Hort	an AUR
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE REMINAL DISEASE OR CONDITION RELATED TO THE REMINAL DISEASE OR CONDITION GIVEN IN PART I. (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION OR CONTRIBUTING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF CONDITION GIVEN 19B. CONDITION FOR WHICH OPERATION CONTRIBUTING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF CONDITION GIVEN (Colory, sheet, office bidgs, INJURY OCCUR?) OF INJURY (APPROX.) 21. INJURY OCCURRED CONTRIBUTING CONTRIBUTING CAUSES OF DEATH? White At Work OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attended the decreased from 19 and that in (my) (application death occurre and hour and from the causes stated above. (1) (Ma) (Mile A) (18.	410,41		CAUSE OF DEATH		0/10		PROXIMATE INTERVEEN ONSET AND D
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) staling the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE REMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFITING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING home, form, foctory, street, office bidgs, INJURY OCCUR? OR CONTRIBUTING CAUSE OF CONDITION FOR WHICH OPERATION 21E. INJURY OCCURRED While AT Work AT WORE WORK AT			RECTLY	Kleute	Musonadia	Va da	1	
Bearl failure, ashlenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION lost. (C) I	/Th		1.1			- rigano	and	
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WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	= 10				****************************			
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) Death (notify medical examine)	OC]	Andrew Control of the						
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED (AI Work) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED (While AI Work) 21E. INJURY OCCURRED (While AI Work) 21F. HOW DID INJURY OCCUR? While AI Work 19 to 3 19 to 3 10 19 and that in (my) (APPROX.) 22. I certify that (I) (this hospital) attended the decreased from 19 and that in (my) (APPROX.) 22. I certify that (I) (this hospital) attended the decreased from 19 and that in (my) (APPROX.) 23. SIGNATURE (I) (Hall) (did not) view the body after death. 23. SIGNATURE (I) (Hall) (did not) view the body after death. 23. SIGNATURE (I) (Hall) (AI No.) (AI N	. OR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21 B. PLAC	E OF INJURY (e.g., in n, foctory, street, offi	or obout 21C. WHERE DID	(If In Boltimor	e City, give ex-	oct locotion)
21D. TIME OF INJURY (APPROX.) 21E. INJURY OCCURRED While At Not While At Not Work 22. I certify that (I) (this hospital) attended the decased from 19 and that In(my) (and pinion death occurred and hour and from the causes stated abave. (I) (11) (did not) view the body after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, PREMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 21F. HOW DID INJURY OCCUR? 22F. HOW D	A DEA		etc.)					
22. I certify that (I) (this hospital) attended the deceased from that (I) (m) as saw the deceased olive on that (I) (m) as saw the deceased olive on that (I) (m) and that In(my) (m) pinion death occurred and hour and from the couses stated above. (I) (m) (d) (did not) view the body after death. 23A. SIGNATURE Attending Aded. Staff Phys. Director Phys. 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) AREMOVAL (Specify) 3-31-71 CECAR TILL CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)			(Hour) 21E. INJU	RY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
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BURIA 3-31-71 Cedar Hill Cem. Pakto. Md.	24A. BU	IRIAL CREMATION, 248. DATE	24C.NAME,		AATORY 24D. L	CATION / (Ci	ty, town, or co	punty) (St
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL PIRECTO. ADDR.	ARE.	MOVAL (Specify)	71/1/	a H.11	(aug x	3-11	1011	
ADDR.	1)0	(KIM)	11 Ceda	1111 X X 1111	lass supremal mineral	aRJOLA	Wa	A DDDress
	ZJA, DA	LAD 20 ACTAL OLD	250. NAME OF REG	NJ IKAK	TONERAL PIRECTOR		4-	O Coup, 2
5 150-REV. 1/1/68		MICOU WI Voled	a vaiser !	(0)	190 ally	-23/Jal	apre	olbup,



Odd Fellows

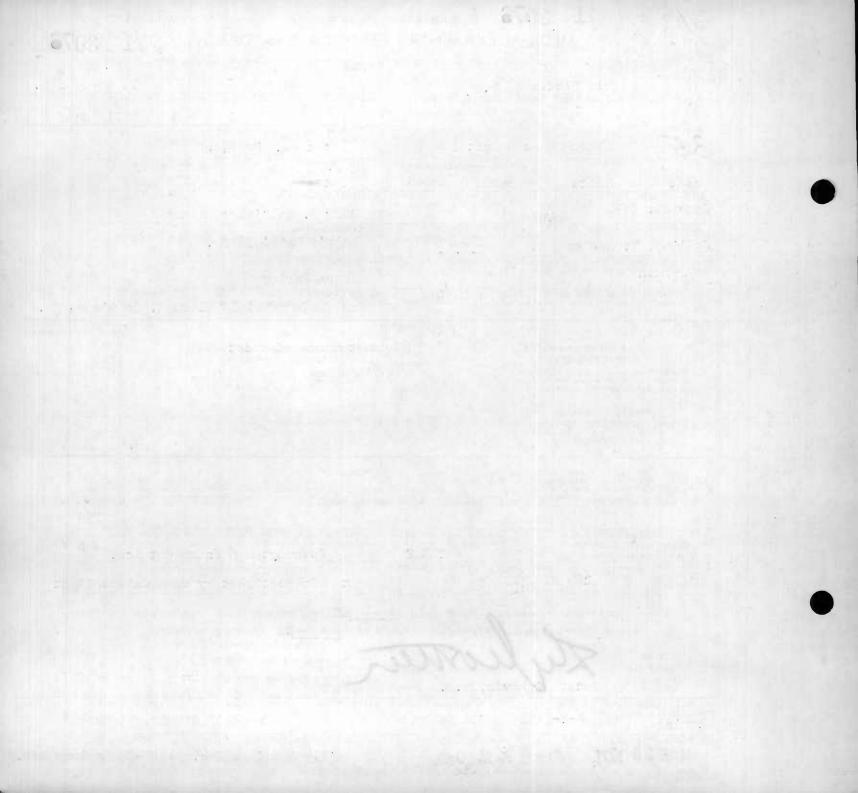
4-2-1971 Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Robert E. Jaben VS 151-REV. 1/1/68

25C. FUNERAL DIRECTOR

Lilly & Zeiler Inc.

ADDRESS 1901-07 Eastern Ave.

Campbell County, Tennessee



2/100	- 1000	BALTIMORE CIT	Y HEALTH DEPARTMENT		1913 0	O lesteri
17-652 7	1 3077	CERTIFICA	TE OF DEATH	REG. NO	/1 :	30//
1. NAME OF DECEASED	ANDREW	F. HEHRING		HOUR OF DEAT	н	
HE HKINI	& ANDE	W		28, 1971		M
3. PLACE IN BALTIMORE, MARYLA	UND, WHERE PRONO	UNCED DEAD	A. STATE B. COUNT	doceased lived. If	institution: residen	co before admission
FULL NAME OF (IF NOY IN ADDRESS O INSTITUTION	HOSPITAL OR INSTIT	TUTION, GIVE STREET	Md.	In In	ISIDE CITY LIMITS	208
116		77	BAITIHORS		YES Z	поП
3 South Baltim	ore General	. Hospital	E. STREET AND NUMBER	1		
			3431 East	+ Ballin	word St.	
5. SEX 6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years ost birthdoy)	Il Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
IOA. USUAL OCCUPATION (Give kine			11. BIRTHPLACE (State of Loreig	n country!	112. CITIZEN C	F WHAT COUNTRY
done during most of working life, even if	refired)	ehem Steel	Maryland	′		WINT COUNTRY
3. FATHER'S NAME			14 MOTHER'S MAIDEN NAM	E		
Frederick	Hehring		MARY. ME	arie Wisch	er	
5. Was Deceased Ever in U. S. Am Yes, no or unknown) (If yes, give war	ned Forces?	1 & SOCIAL	17. INFORMANT		ADD	RESS
No	ot mates of selates	213-09-0296	Mrs Marie Malin	noveki Pt	Boy 156	Savanna
18, 100 0 00	7	CAUSE OF DEAT		TOWSKT ITO		ROXIMATE INTERVAL
OISEASE OR CONDITIONS LEADING TO D (This does not mean the man heart foilure, asthenia, etc. It injury or camplication which the conditions of the conditi	EATH ode of dying, e.g., means the disease, caused death.) AUSES	(a) IMMEDIATE CA	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	t lulmo	naryand	alis 4
tise to the above cause UNDERLYING CONDITION IS	(A) staling the	(c) Myo	carehal figs	ertig to	_	***************************************
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION 199. DATE OF OPERATION 199. DATE OF OPERATION 191. DAT	D TO THE TERMINAL	Up	oen G.I.B.	leeding	ç.	?
19A. DATE OF OPERATION 199		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING C.	FINDINGS CON	SIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	YING 21B	e, form, fociory, street, o	in or obout 21 C. WHERE DID	(If In Boltime	ore City, give exec	t locotion)
21D-TIME (Month! 1Doy) OF INJURY (APPROX!		INJURY OCCURRED ILE AT Not Whith	21F. HOW DID INJU	RY OCCUR?		
22. I certify that (1) (this ha	spital) attended t	he deceased from	3 - ≥ 7 19	Z/_to	3-28	19.7/
that (1) (we) last sow the de		2 2 0	3/		Inter death	
and hour and from the cause				intmy/ (our) ob	MINION GEOTH OCC	curred on the dote
23A. SIGNATURE	A COUNTY OF THE PARTY OF THE PA	/ (wa) (gig) (gig uot) /	riew the body after deoth.		23B, DATE SIGI	NED
Jose Ly	elevis	Phy DEGREE Phy	ending Med.	Foff	3/2	-/-1
NAME (Type)	V. IGle		South Balt	impone (very b	Tospital
4A. BURIAL CREMATION, 24B. D.	ATE 24C. N	AME of CEMETERY of CR	EMATORY 24D. LO	CATION (C	City, town, or coun	ily) (Stole)
Burial 4-1	-1971 Sac	ered Heart	Balt	imore Coun	ty, Maryl	and
MAR 80 1971 26		DE-REGISTRAR	25C. FUNERAL DIRECTOR Lilly & Zeiler			DORESS
S 150-REV. 1/1/68						

The second contract of the second contract of

	0-526	7.	i 307	10		HEALTH DEPARTMENT	REG. NO.	71 3078	
1.1	NAME OF DECE		, FRANC			2. DATE A	ND HOUR OF DEATH		
H	PLACE IN BALTI	MORE MARYL	AND, WHERE P	NSHITO HON.	SED GVE STREET 1-2-71	MAR(4. USUAL RESIDENCE (WHA. STATE B. COUI MARYLAND C. CITY OR TOWN	ere deceased lived. If in NTY	stitution: residence belore	05 P.M. odmission
	40	WILKEN	IES HOSI	ON AVE		BALT I MORE E. STREET AND NUMBER 1519 BATTER	RY AVENUE	YES X NO]
-	MALE	WHITE	WIDO	WED	DIVORCED	8. DATE OF BIRTH -03-23-71-71 June 23-71-75	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Ur Months: Days Hours	nder 24 Hrs. Min.
	CHAUFF	EUR	retired) HOLL KEL	PRSBUFFIE LY GRE	RRYMRISTRY GORY INC	MARYLAND		U.S.A.	
	WILLIAM	WENGE				CARRIE BOST			
5. fe	Wos Deceosed E s, no of unknown) (YES	ver In U. S. Ar If yes, give wo W W2	med Forces? r or dates al sen	16. SOC SEC 2, 9-	CIAL CURITY NO.	17. INFORMANT ST AGNES REC	ORDS WILKE	ADDRESS	AVES
	(This does not hoost laiture, as injury or compl	EADING TO I meon the m sthenia, etc. II	ode oi dying, means the dis caused deoth.)	e.g.,	AUSE OF DEATH (A) IMMEDIATE CAU DUE TO, OR AS A	Ventricular SE Cinculate CONSEQUENCE OF:	anythenia	APPROXIMATE SETWEEN ONSET	INTERVAL
	DISEASES OR	CONDITION above caus	S, il ony, gi	Ihe	DUE TO, OR AS	A CONSEQUENCE OF:	hal direc		, 1000000000000000000000000000000000000
LAND	OTHER SIGNIFIC TO THE DEATH DISEASE OR CON 19A. DATE OF O	BUT NOT RELATION GIVEN PERATION 19	ED TO THE TERMI I IN PART 1 (A). B. CONDITION	NAL .	PERATION	20A. AUTOPSY? (Yes or No	o) 20B. IF YES. WERE F	INDINGS CONSIDERED	100 mg
AL CERII	21A ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERL	OF -	21B. PLACE (home, lorm, etc.)	OF INJURY (e.g., in loctory, street, off	or obout 21 C. WHERE DID INJURY OCCUR?	IN CERTIFYING CAU	SES OF DEATH?	
MEDIA	21 D. TIME (/ OF INJURY (APPROX.I	Month) (Day)	(Year) (Haur)	21E INJURY While Al		21F. HOW DID INJ	URY OCCUR?		
	that M() (we) ic	st saw the d	eceased alive	on_MAR		CH 23, 1971 ——19——71—and th ew the bady after death.	19ta_MAR		n the date
	23C. PHYSICIAN	living	Hui T	su-	Atten Phys.	ding Med.	Shaff Physic D	3/28/7	/.
(A	BURIAL CARA	CHIA	16-HU	C, NAME OF	DEGREE	ST A	CATION (City	town, or country	(State)
	MAR 30	1971 (25B, NA	ME OF REGIST		25C. FUNERAL DIRECTOR	eg./30	ADDRESS E FOR	Ces
5	50-REV. 1/1/68						7/		

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		1	-200	11	301	CERTIF	ICATE (OF DEAT	H REG	. No
	and eath ased the Such		TH NO.	SED					E AND HOUR OF	DEATH
	70 0 5		oe or Print)	LYDIA	A	LEESE			1AR. 10	
	hospital Jse of c (5) Dece ance or death.	3. 1	PLACE IN BALTIA	AORE MARYLAND, W					(Where deceased I	ived. If insti
	osp Se Inc ded		LL NAME OF	(IF NOT IN HOSPITA	AL OR INST	TITUTION, GIVE STREE	т	MD	8	ALTO
	- 1. T	HO IN:	SPITAL OR	ADDRESS OR LOCA	(поп)		C. CIT	YORTOWN		D. INSID
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	ding by in .	L	SINA	1 1100				REET AND NUMB		12
	ar ar de	5, 5	EX 16.	RACE	7. 44 4 DDIE	D ALCUSE MARRIE		50 SA	9. AGE (In v	
	occurred intribution frmined regular ased pr		=	W	WIDOWE	D NEVER MARRIE		15/86	lost birthdoy	
	oon on re re re seas	10A	USUAL OCCUPA	ATION (Give kind of work				,	r foreign country)	, ,
	or c ndet s in dec	don	e during most of wor	rking life, even if retired)				4		
		13.	FATHER'S NAME	•			14. M	OTHER'S MAIDEN	NAME	
	r if d (4) U (4) U the ispos					- 0			7	
7	dir dis	16		AS SU		16. SOCIAL.	17 (1)	FORMANT	•	
4	e al	(Yes	s, no or unknown) (If	f yes, give wor or dote:	s of service	SECURITY NO.		ORMANI		
Y	ssis th th do do		No			717-57-62	1 1	LLARD	LEUSE	JR
5	if if if iny ied idar		18. 193	XWXS	014	CAUSE, OF	DEATH	. / /	0.10	
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	Als Als nou att			meon the mode of			OR AS A CONS	EQUENCE OF:		<u>U</u>
¥	ctu ctu oro ar			thenio, etc. It means ication which caused		е,				
S	fra fra gol		AN	ITECEDENT CAUSES		44				
5	A A A		DISEASES OR	CONDITIONS, if	any, givir	IG (B)	OR AS A CON	SEQUENCE OF:		
X	33) ex			above couse (A)	slaling I	(C)		_		
2 2	ical tal 15; cia as		OTT DE MENTO	II		(0)				
4	dic dic www.	NO	OTHER SIGNIFICA	ANT CONDITIONS COL	NTRIBUTIN	3 /	· Cho	ten.		
UNEKAL	m ne h	ATION		BUT NOT RELATED TO THE		1				
4	a rady bdy	F.	19A. DATE OF O	PERATION 198. CON	DITION FO	WHICH OPERATION	20/	AUTOPSY? (Yes	or No) 20B. IF YE	S, WERE FIN
5	- A + A =	CERTIFIC	21A ACCIDENT	WAS INDEDIVING	1 12	10 BLACE OF INITION	//a a in a a a b	WHERE O	10 00	n . lu
I	the (2) ere o ple efo		OR CONTRIBUTI	WAS UNDERLYING THE	h	1B. PLACE OF INJURY ome, form, foctory, st tc.)	reet, office bld	g., INJURY OCCL	R?	n Boltimore
	ve;	SC.	DEATH (notify m					0.5		
	d b osp osp (6)	MEDIC	OF INJURY	Month) (Day) (Year)		TE. INJURY OCCURRI	ot While	21F. HOW DII	D INJURY OCCUP	17
	proved the hos ny nat except and (6		(APPROX.)				Wark			
	ppro the any (ex b obt		22. I certify th	nat (1) (this haspitol) attended	the deceased from	100	1.	19 7/10	·n
	. 0 0		that (I) (we) lo	st sow the decease	d olive ar	ruant	~ 10	19	nd that in (my)	our) oplni
	death)			rom the couses stat	ed above.	(I) (We) (did) (did	not) view th	e body after de	oth.	
	st ass de de de		23A. SIGNATURE	10			A11			1
	must be celeased ccident a hospit to dear		1	JOSE	\	DEGRI		Med. Director	Staff Phys.	
	s re		23C. PHYSICIAN'S NAME (Type	S I N I	11		23 D. At	DDRESS	, ()	0 .
	ificate must be vas released 1) An accident b.A. at a hospit d prior to deat approval must			N P 7	17		DEGREE 2	061-	7. 20	
	EXECT OF	24A	REMOVAL (Spe	-16.3		NAME of CEMETERY		RY 2	4D. LOCATION	(City,
	is certi e body ows: (1 as D.O. ceased		BURIA	3/18/7	1 1	VBODLAU	N		BAL	70
	nis now now as as	25A	DATE REC'D BY	HEALTH DEPT.	25B. NAM	OF REGISTRAR		C. FUNERAL DIRE	CTOR	

BALTIMORE CITY HEALTH DEPARTMENT itution: residence before admission) E CITY LIMITS? YES 🗌 NO F If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NDINGS CONSIDERED City, give exact location) ion deoth occurred on the date 23B, DATE SIGNED , town, or county) ADDRESS 300 MACE JAI CONNELL' SONS VS 150-REV. 1/1/68

AE ALBA CHARRY TERRETT

G-353 71 3080		HEALTH DEPARTMENT	X REG. NO.	71 3080
Type or Printl GOODMUTH,	MARGARET W.	2. DATE AN	HOUR OF DEATH	8:10P
FULL NAME OF HOSPITAL OR INSTITUTION TO AGRESS OR LOCATION	UTION, GIVE STREET	MD . BALT I	MORE D. INSID	Titution: residence before odmission) DE CITY LIMITS? YES NO X
BALTIMORE, MARYLAND		38 SHADYNOOK	A VENUE	
FEMALE WHITE WIDOWED	M' AFA EV MOVEMEN	8. DATE OF BIRTH 9	AGE (in years ast birthday)	If Under 1 Yt. Il Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired) HOUSEWIFE	BUSINESS OR INDUSTRY	MARYLAND	in country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	I.E	1
UNKNOWN		UNKNOWN		
15. Wes Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give wor er detes at service)	16. SOCIAL SECURITY NO. 215 34 230		O. MD. 21: ORDS WILK	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(A) IMMEDIATE CAUS DUE TO, OR AS A (B) DUE TO, OR AS A	9 to 200	reliral-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
UNDERLYING CONDITION lost. O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	(c) # S	CVD		***************************************
19A DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No) YES	20B. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTINO CAUSE OF hom	PLACE OF INJURY (e.g., in e, farm, foctory, street, affi	er about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If in Baltimore	City, give exoct lecotion)
> OF INJURY	INJURY OCCURRED le At Not While k At Werk	21F. HOW DID INJU	RY OCCUR?	
22. I certify that WM(this hospital) attended the that M (we) last saw the deceased alive on	me deceased fram ΜΔ MARCH 24,		71 to MARCH	on death occurred on the date
and hour and from the causes stated above.	(Me) (q1q) 独级Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ew the body after death.		
Bizhan Elirahin	Alten Phys.	ding Med. S	haff (A)	25 71
23C. PHYSICIAN'S NAME TYPE BIZHAM EBRAHIMY MD 24A. BURIAL CREMATION, 124B. DATE 124C. NA	DEGREE PRIS	ST ANGES HO		KENS & C ATON
24A. BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify)	ME of CEMETERY OF CREA	MATORY 24D. LO		town, or county) (State)
D : = = / = / : = :	Mt. Olivet	Bal	timore,Mar	ryl and
MAR 30 1971 2.6. A S 56.1		6.7	wab 3512]	Frederick Ave.

per at the contract of the con 8.1.25 no an party in the by the same and the --4

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. NON-MEDICAL PER DOCTOR SPITZ OF THE MEDICAL EXAMINERS FICE FUNERAL DIRECTOR: IMPORTANT

1	1		BALTIMORE CITY	HEALTH DI	EPARTMENT		71	2082	
BIR	4536 71 3	082	CERTIFICA	TE OF	DEATH	REG. NO	/	SUGE	
1. N (Typ	MANE OF DECENCED		UNDERWOOD		2. DATE AL	26-71	1	8.16 F) M
3. 1	LACE IN BALTIMORE, MARYLAND, Y	VHERE PRON	OUNCED DEAD	A STATE	RESIDENCE (Who	re deceased lived. If	institution: res	sidence befaro admiss	(no i
HO	L NAME OF (IF NOT IN HOSP!	TAL OR INST	TUTION, GIVE STREET		RYLAND	BALT	IMORE	16	2
INS	THE JOHNS HOPK	INS H	OSPITAL		LTIMORE		YES XX		
1	THE GOMING HOLL	1110 11	OSITIAL	E. STREET	AND NUMBER				
				90	O E. NO	RTH AVENU	JE		
5. \$	EX 6. RACE	7. MARRIE	NEVER MARRIED	& DATE OF	BIRTH	9. AGE (In years	If Under	1 Yr. If Under 24 Doys Hours Mir	
	FEMALE NEGRO	WIDOWE	DIVORCED	10-6	-01	lest birthday)	17.011113	Doys Hoons IVIII	60
	USUAL OCCUPATION (Give kind of wor	108 KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or for	eign country)	12. CITIZ	EN OF WHAT COUN	ITRY'
Sem	during most of working life, even if refired)			Virg	inia				
3. 1	ATHER'S NAME				R'S MAIDEN NA	ME			
	EDDIE CARTER			Too					
5. \	Ves Decoused Ever in U. S. Armed Fe	rceal	I & SOCIAL	Lee	ANT			ADDRESS	1
Yes	ne er unknown) (If yos, give war or dat	es of service	SECURITY NO.						
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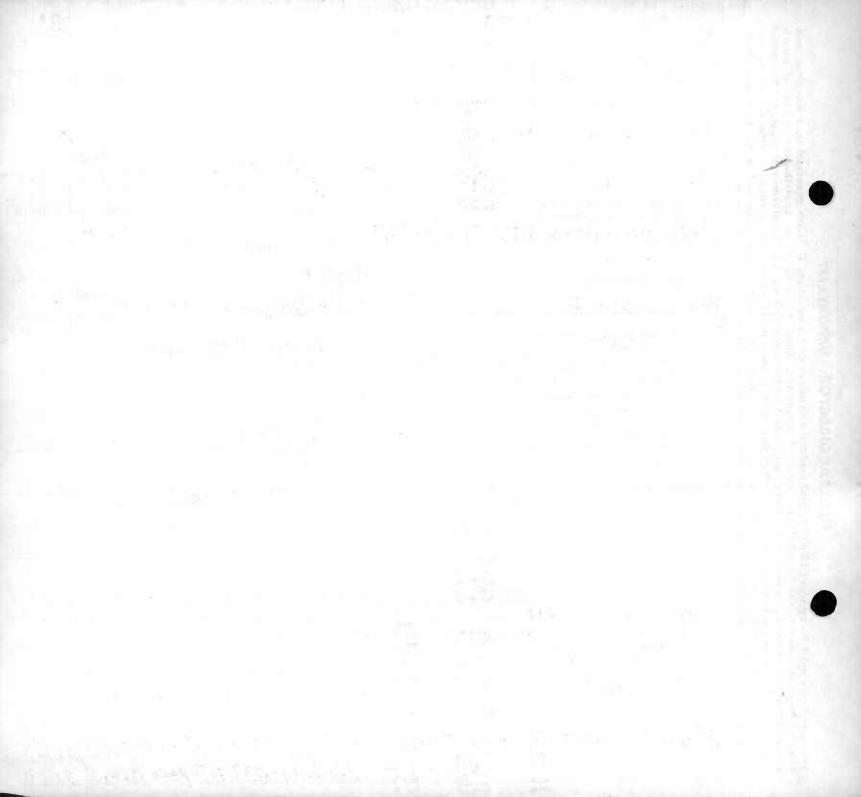
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

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DURIAL J-29-11 Glew Haven Cemetery Glew Burnie AA No.
A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
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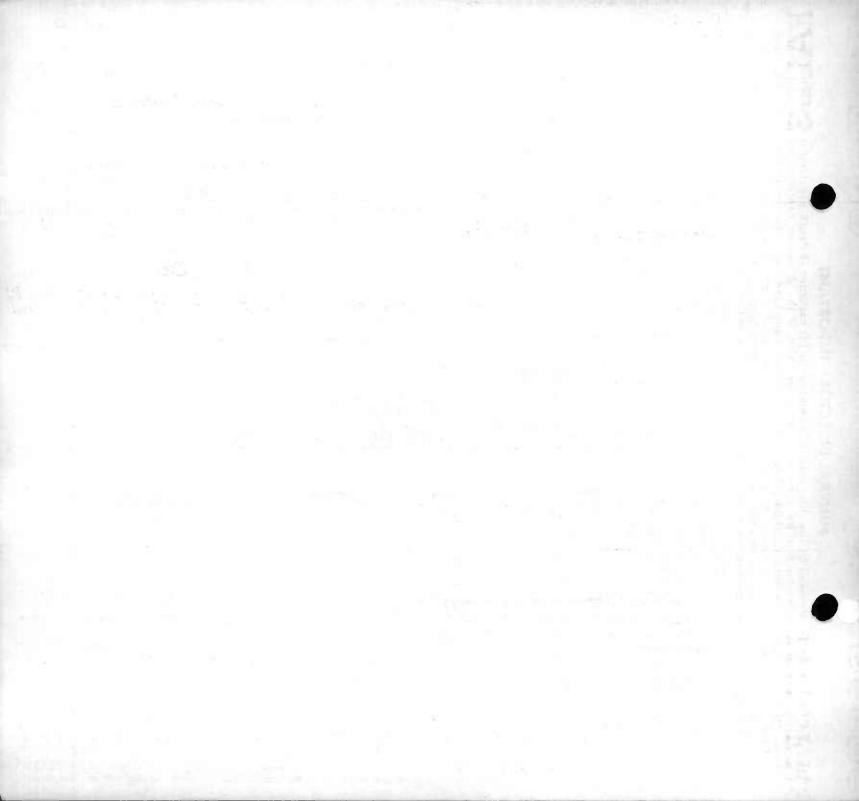
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	4-120 71 3087		HEALTH DEPARTMENT	X REG. NO.	71 3087
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	1. NAME OF DECEASED (Type or Print) WAITER Allew	Hobbs	2. DATE AN	O HOUR OF DEATH	1 4 15 0
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where	deceased lived. 11 inst	ilution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	MARY LANCE	CATTOll	5600
	MARY LAND. GENER		Sykesville		E CITY LIMITS? YES NOTE:
	48 827 Linden Ave	. 21201	E. STREET AND NUMBER		21784
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n is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS dane during most of working life, even if retired)		11. BIRTHPLA CE (Stote or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
disposition	Electrician Buildi	ina	MARYLANd		USA.
osi	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
lisp	Walter E. Hobbs		Florence	Cole	
5	(Yes, no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 15-07-038/	17. INFORMANT MRS. Esther Wife.	Hobbs - Sy	IKESVILLE, MC
or f	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
- 11	DISEASE OR CONDITION DIRECTLY		0.00	. 1. 1.	BETWEEN ONSET AND DEATH
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Pal	heort failure, asthenio, etc. It means the disease, injury or complication which caused death.)	DUE 10, OK AS A	A CONSEQUENCE OF:		
E	ANTECEDENT CAUSES	7+JP	ertension		14 years
are	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*************	
	rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	(c) Dial	uts mell, su	e_	20 years
remains	۷ اا			2 12	0
To .	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Chro	nie ronal f	olluce	o give
the	DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHICE WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes or No.)	20B, IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING [218, PLACE	DE OF INJURY (e.g., in m., foctory, street, of	ar about 21C. WHERE DID	(if in Baltimare	City, give exact location)
Pe	21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJU	JRY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ained	(APPROX.) White At	Not While	· 🗆		
\$	22. I certify that (i) (this haspital) attended the de	ceosed fram F	ebruary 17 1	9 7/ ta MA	Ret 26 1971
pe o	that (1) (we) last saw the deceased alive an MI	ARCh 26	19 71 and tha	t in (my) (our) apini	an death accurred on the date
	and have and from the causes stated above. (1) (We	s) (did) (did not) v	iew the bady after deoth.		
must	23A. SIGNATURE	ve his Atten	nding Med. S		38. DATE SIGNED
	23C BUYGICIAN	DEGREE Phys	Director L	Staff hys.	
approval	23C. PHYSICIAN'S NAME (Type) TAE H. (Ho	1-1- Mh	maylad Gon	eral Hory	ital, Baltimor
	REMOVAL (Specily)		MATORY 24D. LO	CATION (City.	town, or county) (State)
ten	Burial 3-29-71 story	rafield (emitery >	y/asville	Ynd.
written	25a. DATE REC'D BY HEALTH DEPT. 25B. NAME/OF RE		25C. FUNERAL DIRECTOR	41:14 1	ADDRESS M.J
-	MAR 30 BA Robert & Jaiber &	304	Harry Wer	Haight Si	MUSICULO, 7/42.

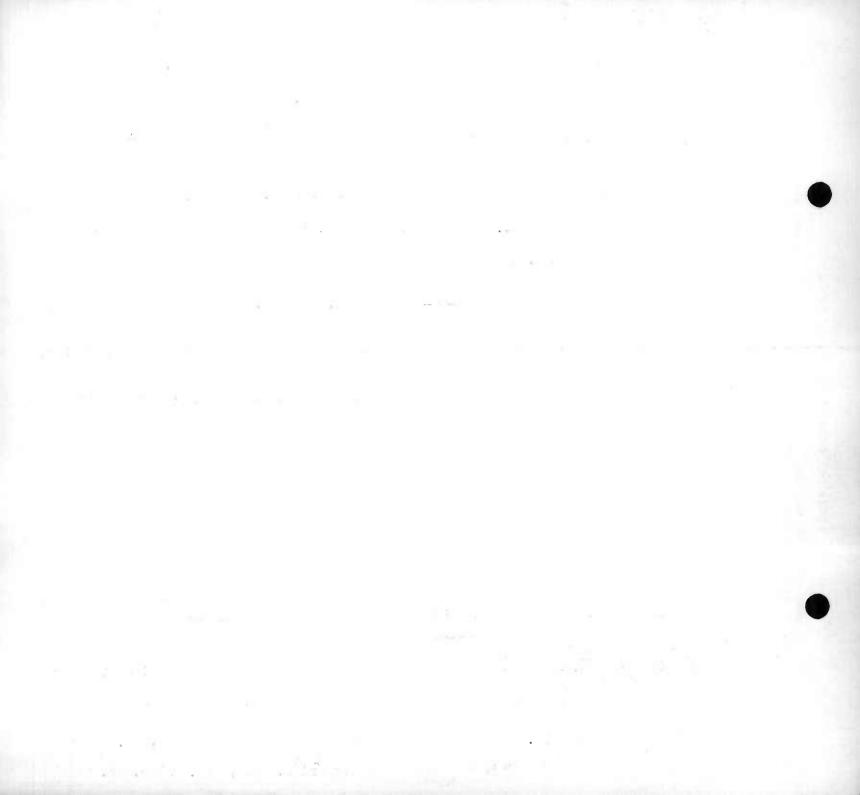


BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION WITH MARYLAND, WHERE PRONOUNCED DEAD C. CITY OR DWN Wood Awn D. INSIDE CITY LIMITS? YES NO. 1. NO. 1. NAME OF DECEASED (Type or Print) 1. NO. 2. DATE AND HOUR OF DEATH 0. STATE, R. COUNTY 1. WILL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION 1. NAME OF MARYLAND, WHERE PRONOUNCED DEAD C. CITY OR DWN Wood Awn D. INSIDE CITY LIMITS? YES NO. 1. NAME OF DECEASED (Type or Print) 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 0. STATE 1. NO. 1. NAME OF DECEASED (Type or Print) 1. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss R. COUNTY NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 0. STATE 8. COUNTY 1. NAME OF HOSPITAL OR INSTITUTION, GIVE STREET 1. NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 3. STATE 8. COUNTY 1. NAME OF HOSPITAL OR INSTITUTION, GIVE STREET 1. NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 3. DEATH OF THE PRONOUNCED DEAD 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss R. COUNTY 1. NAME OF DECEASED 1. NO. 2. DATE AND HOUR OF DEATH 3. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss R. COUNTY 1. NAME OF DECEASED 1. NO. 2. DATE AND HOUR OF DEATH 3. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence admiss R. COUNTY 1. NAME OF DEATH 3. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence admiss R. COUNTY 1. NAME OF DEATH OF DEA	
1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF JIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION WARRAND J.	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss states. A. STATE. HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION). INSTITUTION C.CITY OR TOWN Wood/AWN D. INSIDE CITY LIMITS?	-
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(/// " 11 1/4 / / / / / / / / / / / / / / / /	
7 7 22 Fol and C . L & L	
33 E TO CLIMIT SIS, 200 CNIRI / Tous	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years II Under 1 Ye., II Under 24	Hrs.
Months: Deys Hours	in.
TOWARD CANCES LAN WIDOWED DIVORCED 1/6-/0 32 102. CITIZEN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY 11.	NTRY?
done during most of working life, even if retired)	
Secretary Dental Maryland U.S.A.	
13. FATHER'S NAME	
C. Dennis Brooks Goldie Benson	
15. Was Decoused Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
(Yos, no or unknown) Of yes, give war or dolos af service) SECURITY NO.	we R
No 214-01-3994 Miss Evelyn Brooks Reisterstown	un
18. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH BUILDING ESOPHIQUE VANICES	
(This does not mean the mode of dylng, e.g., heart foilure, asthenia, etc. It means the disease,	
injury or camplication which caused death.)	
ANTECEDENT CAUSES ON DOTAL hypentenson	
DISEASES OR CONDITIONS, If any, giving DISE TO, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the	
UNDERLYING CONDITION lost. (C) POST PUPALIE COMPOSTS	
Z - TO THE CONTRIBUTION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	_
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A, ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY lag, in or about 21C WHERE DID (If in Bollimore City, give exect location)	
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSYS (Yes or No. 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21. A ACCIDENT WAS UNDERLYING T 218 PLACE OF INJURY leag. In or about 21C WHERE DID (If In Boltimore City, give exect location)	
OF INJURY (Month) (Doy) (Year) (Heur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
IAPPROX.] While At Not While	
22. I certify that (i) (this hospital) attended the deceased from Min 4 19 7/ to Min. 26 19 7	Z
M N N	
that (1) (wa) lack care the deceased alive on / 1/1/1/10 of 19 / and that in(my) (aux) epipton death accurred on the	00,0
that (1) (we) last saw the deceased alive on Min 26 19 71 and that in (my) (our) apinion death occurred an the	
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and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A, SIGNATURE 23B, DATE SIGNED	
and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Staff M. 2(16 %)	7/
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and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME IType Attending 23D. ADDRESS NAME IType 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CREMATORY 124D. LOCATION (City, town, or county) (States)	7/ te)
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be hospital by a medical examiner or his assistant if death occurred in a hospital and he hospital by a medical examiner. Also, if the direct or contributing cause of death ty nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the deceased prior to death. Such betained before the remains are embalmed or final disposition is made.		-
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at a lior		23C.PHY
rificate must be appry was released to the year. (1) An accident of any. 3.A. at a hospital (example) at a prior to death); a approval must be obtained.	24.5	all=: -:
F\$2000	24 A	REMO
This cert the body shows: () was D.O decease	261	Buris
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hos the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendant deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death was in vegular attendance.	25A	230
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	7_550 Kith No.	71	30	011	TE OF DEATH	REG. NO	71 3089
	Pe or Print)	JAMES RUFU	3	CANNON		AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				March 27, 1971. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Md. C. CITY OR TOWN D. INSIDE CITY LIMITS?		
FU HO IN							
4	44	Union Memorial Hospital			Baltimore YES NO DE STREET AND NUMBER		
5. :	EX 6. RACE 7. MARRIED WALLES			3976 Edgehill Road			
	Male	White	WIDOWE		July 6, 1896.	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
son	.USUAL OCCUPA e during most of wor Retired	king life, even il refired)		OF BUSINESS OR INDUSTRY Transit Co.	11. BIRTHPLACE (Stote or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME William F. Cannon				14. MOTHER'S MAIDEN NAME		
					Unknown		
5. (Ye:	i, no of unknown) (If	er in U. S. Armed Ford yes, give wor ar dote:	es? of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			215-09-3856	Mrs. Pearl L.	Cannon	(Same)
CERTIFICATI	CTHER SIGNIFICA TO THE DEATH B DISEASE OR OTHER SIGNIFICA TO THE DEATH B DISEASE OR CON	OR CONDITION DIR ADING TO DEATH mean the mode al thenia, etc. Il means calion which coused TECEDENT CAUSES CONDITIONS, if a bave cause (A) CONDITION last. II NI CONDITIONS CON UIT NOT RELATED TO TH DITION GIVEN IN PART DERATION 198. CONT WAS PERF	dying, e.g the disease death.) ny, giving slating the disease death. ITRIBUTING E TERMINAL 1 (A). DITION FOR DRMED	(B) PARTEXIO. (B) DUE TO, OR AS (C) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., in me, lorm, loctory, street, alf	SE CORD MARY CONSEQUENCE OF: SCLERETIC NER A CONSEQUENCE OF: 20A. AUTOPSY? (Yes of N of obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	OF 208. IF YES, WERE IN CERTIFYING CAN	1900 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
AEDI	21D. TIME (M OF INJURY (APPROX.)	ionth) (Doy) (Year)	w	E. INJURY OCCURRED Thile At Not While ork At Work	21F. HOW DID IN	URY OCCUR?	
	22. I certify that (1) (this hospital) attended the deceased from AUG 3 1964 to 2-22 1971 that (1) (we) last saw the deceased alive on 2-22- 1971 and that in(my) (evr) opinion death accurred on the date						
	and haur and fram the causes stated above. (I) (We) (did) (did nat) view 23A- SIGNATURE Attendic Phys. 23C. PHYSICIANA NAME (Type) Randolph Spitzberg 23D.				23B, DATE SIGNED		
	BURIAL CREMAT REMOVAL (Spec Burial	TION. 124R. DATE	24C. N	DEGREE IAME of CEMETERY of CREA Orth East Metho	AATORY 24D. L		y, town, or county) (Stote)
	DATE REC'D BY 1971			O REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS 1to. Md. 21214

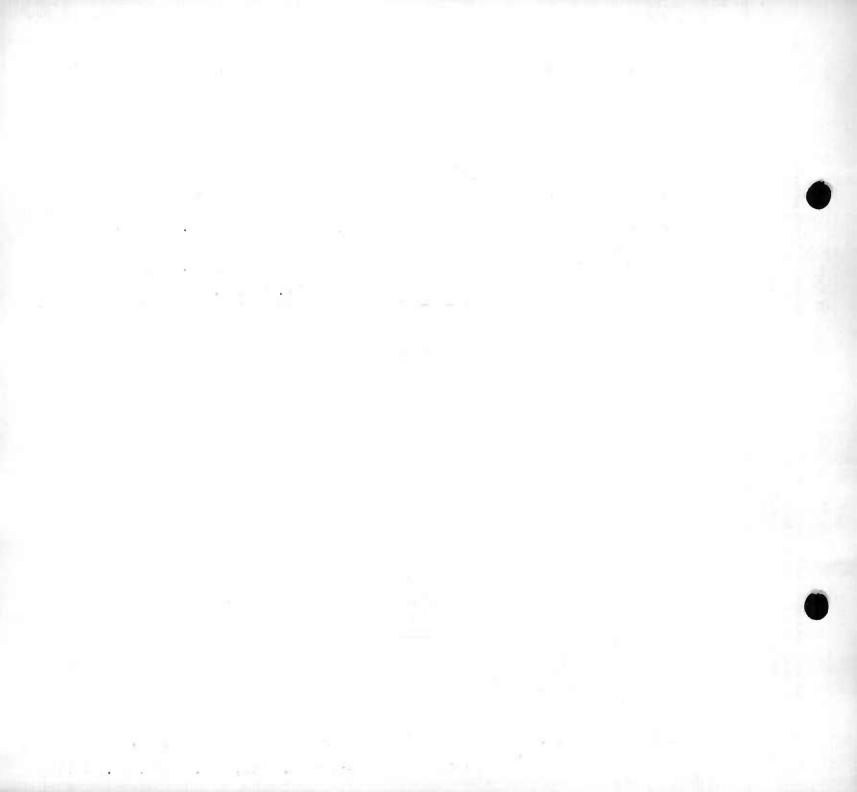


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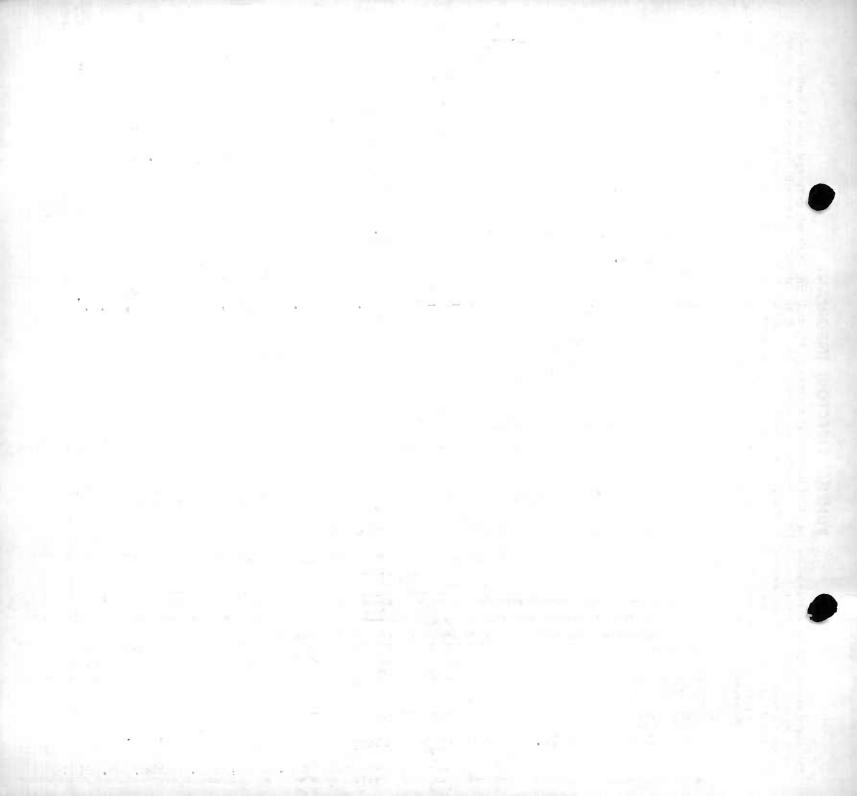
IMPORTANT

DIRECTOR:

FUNERAL



11	BALTIMORE CITY	HEALTH DEPARTMENT		71 3091
DIRTH NO. 71 309	1 CERTIFICA	TE OF DEATH	REG. NO.	11 3031
1. NAME OF DECEASED (Type or Print) Rollin Sp	encer	2. DATE A	3/28/71	10: 25 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO FULL NAME OF IF NOT IN HOSPITAL OR IN		A STATE B. COU		stitution: residence before admission)
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	SHOHON, GVE SIKEE	c.city or town Baltimore	D. INSI	DE CITY LIMITS? YES NO
37 Mercy Hospital		E. STREET AND NUMBER 5739 Hazlewoo	od Circle Ap	t. E
5. SEX 6. RACE 7. MARR Male White WIDOW		6/20/09	9. AGE IIn years lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if refined) Proceeding the control of the control	of Business OR INDUSTRY	77	eign county)	12. CITIZEN OF WHAT COUNTRY?
Electrical Engineer """ 13. FATHER'S NAME THATTY D.		14. MOTHER'S MAIDEN NA	**	
15. Wes Decessed Ever in U. S. Armed Ferces? (Yes, no or unknown) Uf yes, give war or dotes of servi		Blanche X		ch Neck Rd.
Yes ?	215-10-4189	Mr. Alan L. Spe	ncer, Highs	town, N.J.
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, given is to the above cause (A) stating UNDERLYING CONDITION last. Il OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	(c)	A CONSEQUENCE OF:	Pul eden	× ·
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1974. DATE OF OPERATION 1796. CONDITION F WAS PERFORMED 214. ACCIDENT WAS UNDERLYING!		20A-AUTOPSYT (Yos or N	o) 20B, IF YES, WERE	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	21B. PLACE OF INJURY In. g., i home, form, factory, street, of olc.)	n or obout 21 C WHERE DID		e City, give exact location)
	216 INJURY OCCURRED While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and hour and from the causes stared above	an 3/28		hat in (my) (our) opi	19 7 J
23A, SIGNATURE	MD Ath	onding Med.	Staff Phys.	3/29/7/
23C. PHYSICIAN'S NAME (Type) KY K	LWINMD	23D. ADDRESS	tosh.	1 1 1
24A. BURIAL CREMATION, 24B. DATE 24C Cremation 4/1/71.	Greenmount Ceme	EMATORY 24D.	Baltimore	y, lown, or county) (State)
	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
1120 20 4079 70 a.C. Z.	12. Se B	Leonard J. R	uck. Inc. Ba	lto. Md. 21214



	K-453 71	2002	BALTIMORE CITY	HEALTH DEPARTMENT			
	WH NO.	3092	CERTIFICA	TE OF DEATH	REG. NO	71	3092
	Pe or Print)	VITAGODA	IDEDA		D HOUR OF DEATH		
3.	PLACE IN BALTIMORE, MARYLAND, W	KLINGEN	DEAD	4. USUAL RESIDENCE (Where	ch 29, 19 ^r	71	
FU		AL OR INSTITUTION.		Md. C. CITY OR TOWN		DE CITY LIMITS?	32
				Baltimore	0. 11431	YES TX	No□
0	5200 Anthony A	lve.		E. STREET AND NUMBER		152 [3/	NO 🗌
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5. s	Female White	WIDOWED	ER MARRIED DIVORCED	Oct. 24, 1886	ost birthdoy) 84	Il Under 1 Yr. Months Doys	Il Under 24 Hrs Hours Min.
IOA	. USUAL OCCUPATION (Give kind of work	108 KINO OF BUSINE	SS OR INDUSTRY	11. BIRTHPLA CE (Stote or loreig	in country)	12. CITIZEN O	F WHAT COUNTR
don	e during most of working life, even if refired) Housewife			Maryland	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	USA	•
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	\E		
	Wencela				Mary B	olek	
Yes	Was Deceased Ever in U.S. Armed Fore s, no or unknown) (If yes, give wor or dates	es? 16. SO	URITY NO.	17. INFORMANT		ADDI	RESS
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CAL CERTIFICATI	LEADING TO DEATH IThis does not meen the mode of heat foliure, asthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or tise to the above cause (A) UNDERLYING CONDITION fast. II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19A. CONTO 19A. CON	dying, e.g., the disease, death.) ny, giving slating the (ITRIBUTING E TERMINAL 1 (A). DITION FOR WHICH (ORMED) 21 B. PLACE home, form, etc.)	DPERATION OF INJURY (e.g., in fociory, street, off	CONSEQUENCE OF: 20A- AUTOPSY? (Yes or No) or obout 21 C. WHERE DIO ice bidg. INJURY OCCUR?		INDINGS CONS ISES OF DEATH:	?
3	21D-TIME (Month) (Day) (Yea) OF INJURY (APPROX.)	(Haus) 21E INJURY While At Work	OCCURRED Not White At Work	21F. HOW DID INJU	RY OCCUR?		
	22. I certify that (I) (this hospital)	attended the dece	used from 2"	18	64 ta 3.	. 22	1977
	that (1) (we) last saw the deceased			>1	in(my) (aur) apin		amond are the
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	and haur and from the causes state	A ADDA AS (1) (HS) (aid) (aid not) V	ew the bady after death.			
	FRICE	y-	Atter Phys.	ding Med. S	haff hys.	3 2	9/71
	23C.PHYSICIAN'S NAME (Type)	-	2	3D. ADDRESS			
244	Dr. Sebastian	Husso	DEGREE	5017 Harford	d Rd. Rali		
-454	REMOVAL (Specily) Burial 4/1/71		edeemer Co			d.	y) (Stote)
25A.		256 NAME OF REGIS		25C. FUNERAL DIRECTOR	~ ~ o TIMOL 6 9		DRESS
	MAR 30 1971 Bleet	E. Jaben K.		Leonard, J.	Ruck Inc.		
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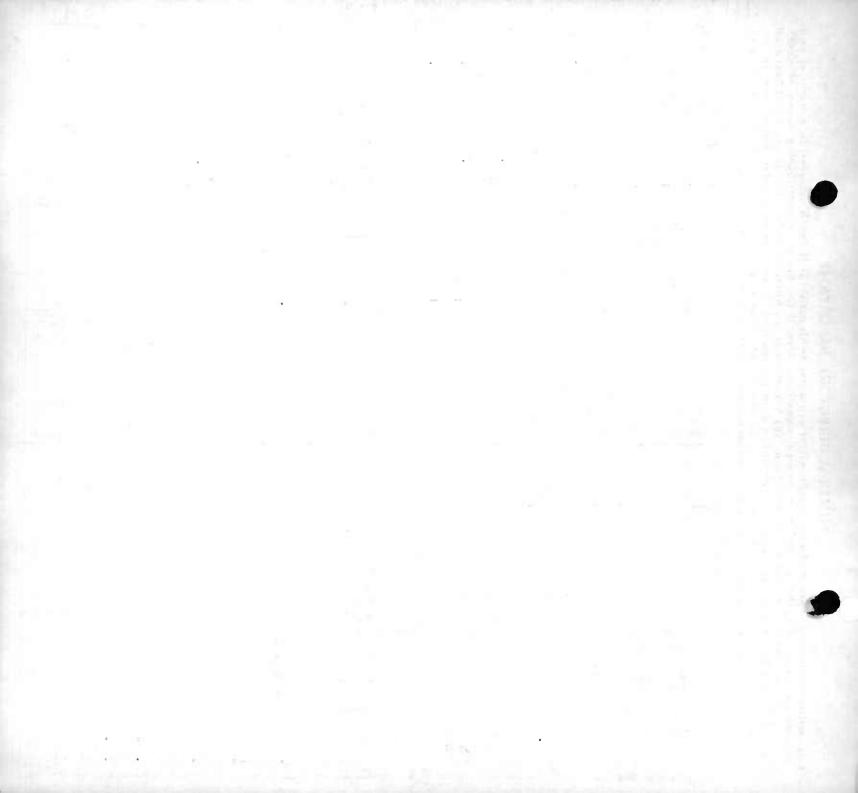
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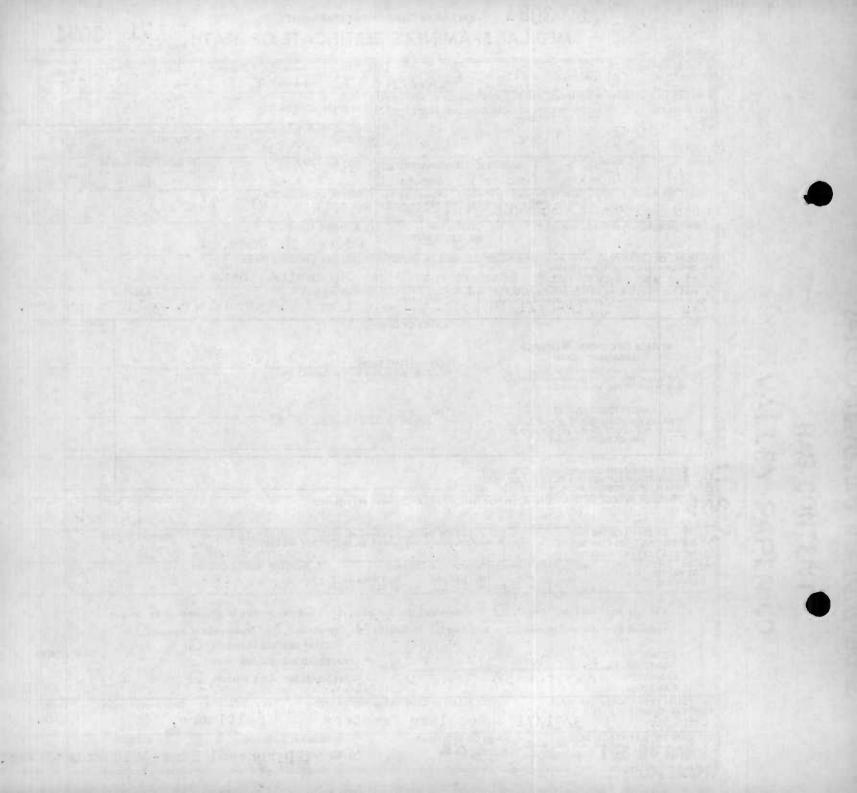
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W-32	4 71	3093		TE OF DEATH	X REG. NO	71 3093
BIRTH NO. I. NAME OF DEC	John N. We		ger, Sr.	2, DATE	AND HOUR OF DEATH	l 1:00 Pm
3. PLACE IN BA	IF NOT IN HOSPIT ADDRESS OR LOCA		OUNCED DEAD	A. USUAL RESIDENCE (W A. STATE B. CO Mary land	Baltimo	institution: residence before admission) Ore 5300 SIDE CITY LIMITS?
37	Mercy Hos	nit ol	Tne	Baltimore E. STREET AND NUMBER		YES NO XX
5. SEX	6. RACE			8 DATE OF BIRTH	lygate Rd.	If Under 1 Ye . If Under 24 Hrs.
Male	White	WIDOWED		2/23/95	lest birthdeys	Months Doys Hours Min.
ion usual occions during most of Retired	UPATION (Give kind of work working life, even if refired)		F BUSINESS OR INDUSTRY Manfacture	Maryland	oreign country)	USA
3. FATHER'S NA				14. MOTHER'S MAIDEN N		
5. Was Decease Yes, no or unknown	George We d Ever in U. S. Armed For n) (If yes, give war or date	tzelher	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	W W 1			Mrs. Mary V.	Wetzelberger	(Same)
DISEASES is to the UNDERLYIN	asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. Il FICANT CONDITIONS COULT BUT NOT RELATED TO T	any, giving staling the NTRIBUTING HE TERMINAL	(B). DUE 10, OR AS	Meméa A CONSEQUENCE OF: Pueumoni	<u>a</u>	
OTHER SIGNI TO THE DEA DISEASE OR O 17A. DATE O	F OPERATION GIVEN IN PAR F OPERATION 198 CON WAS PER	IDITION FOR	WHICH OPERATION	20A-AUTOPSY? (Yes or	No. 208, IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	INT WAS UNDERLYING L UTING CAUSE OF y medical examined	211 hor etc		n or obout 21C. WHERE DID ffice bldg., fNJURY OCCUR	(If In Beltim	ere City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	W	E INJURY OCCURRED hile At		NJURY OCCUR!	
that (1) (we	A	ed alive on.	3 2 A (1) (We) (did) (did not) v	riew the bady after deat	•	pinion death occurred on the date
23 C. PHYSICI NAME V	EMATION 1248, DATE	124C.N	DEGREE	23D. ADDRESS	en cu i	Page tal (State)
Buria]	(Specify) 4/1/71		Parkwood Cemet	ery	Balti	more, Md.
25A. DATE REC'	1971 Robert	E. Fab	of registrar	Leonard J.	Ruck, Inc. E	Balto. Md. 21214



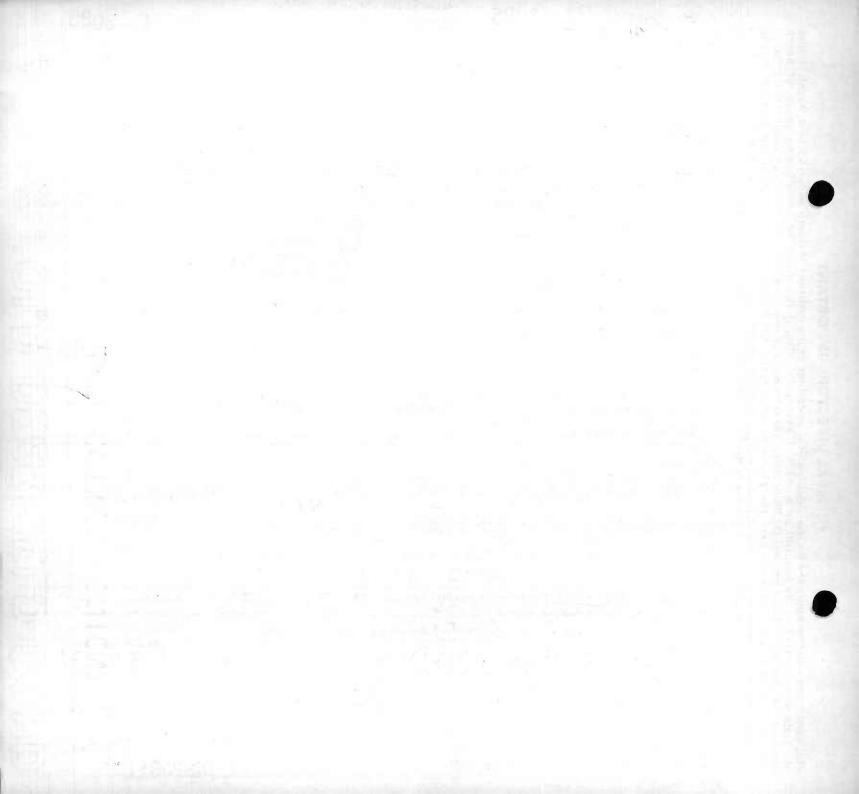
VS 151-REV. 1/1/68

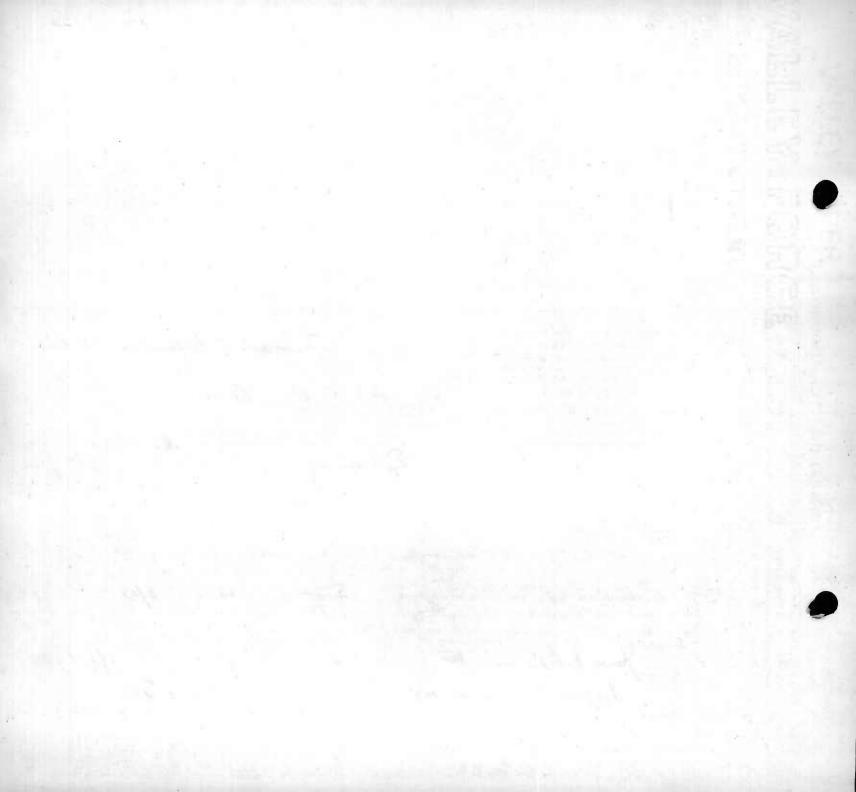
Donovan Funeral Home-3818 Roland Ave.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

-	71 2006	BALTIMORE CITY	HEALTH DEPARTMENT	/	05
BIRT	-20071-05795 3095	CERTIFICA	TE OF DEATH	REG. NO. 71	3095
	ar Print Reese, BG	Syvonne	3-26	UR OF DEATH	1 4:15 A M.
3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where dece	ased lived. If institution	nt residence before admission)
FUL! HOS	L NAME OF (IF NOT IN HOSPITAL OR INST	ITUTION, GIVE STREET	MD Bal	D. INSIDE CIT	6 0 4 Y LIMITS?
	Johns Hopkins Hos	P	Baltimore	YES [X NO □
3	3	1	2 2 N. CK	astle S	1
5. SE	F Black MARRIED WIDOWE	DIVORCED DIVORCED	3-26-71 P. AGI	thday Month	hs Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND (during most of working life, even if retired)	OF BUSINESS OR INDUSTRY			TITIZEN OF WHAT COUNTRY?
		-	Baltimore n	na	USA
13. F	ATHER'S NAME		VONNE RE	EESE	
15. W	/ee Deceased Ever in U. S. Armed Forces? no or unknown)(If yes, give war or dates of Service)	1 & SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(100)	in or anniowing in you give that of ourse of solitons	secount No.	Pt's chart		
Ti	8. 7 7 7 XI	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		1		2
	LEADING TO DEATH	(A) IMMEDIATE CAL		4	durs
	(This does not mean the mode of dying, e., heart failure, aethenia, etc. It means the diseas		A CONSEQUENCE OF:		
	Injury or complication which caused death.)	20	0-	~	1
	ANTECEDENT CAUSES	(B) 30 W	A CONSEQUENCE OF	7	
	DISEASES OR CONDITIONS, if any, givin rise to the above cause (A) stating th		A CONTEGUENCE ON		100
	UNDERLYING CONDITION last	(c)			
z					
Ĕ I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA				
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A AUTORSIZ (Yes or No) 20B.	IF YES, WERE FINDIN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
-	OR CONTRIBUTING CAUSE OF	IR PLACE OF INJURY (e.g., i ome, form, factory, street, of ica)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	fit in Baltimore City,	give exact location)
MEDI	OF INJURY	Vhile At Not While At Not Work	215. HOW DID INJURY O	CCUR	
1	22. I certify that (1) (this hospital) attended		-26 197	to 3-26	19 F
1	that(1) (we) last sow the deceased office on	3-26	19 7 and that In	my (our) opinion d	leath occurred on the date
I L.	ond hour and from the causes stated obove	(I) (We) (did) (did not) v	lew the body ofter death.		
	23A. SIGNATURE PROGRE	DESPREE Phy		, , ,	3-26-71
	Alan D. Rog-		Johns Hopkins	3 HOSP	
24A		NAME OF CEMETERY OF CRI	EMATORY 240. LOCATION	To, Me	n, or county) (State)
25A.	MAR 30 1971 Cole & Sale	E OF REGISTRAR	25C. FUNERAL DIRECTOR HOSPITAL	L DISPOSA	ADDRESS
L-			2011		

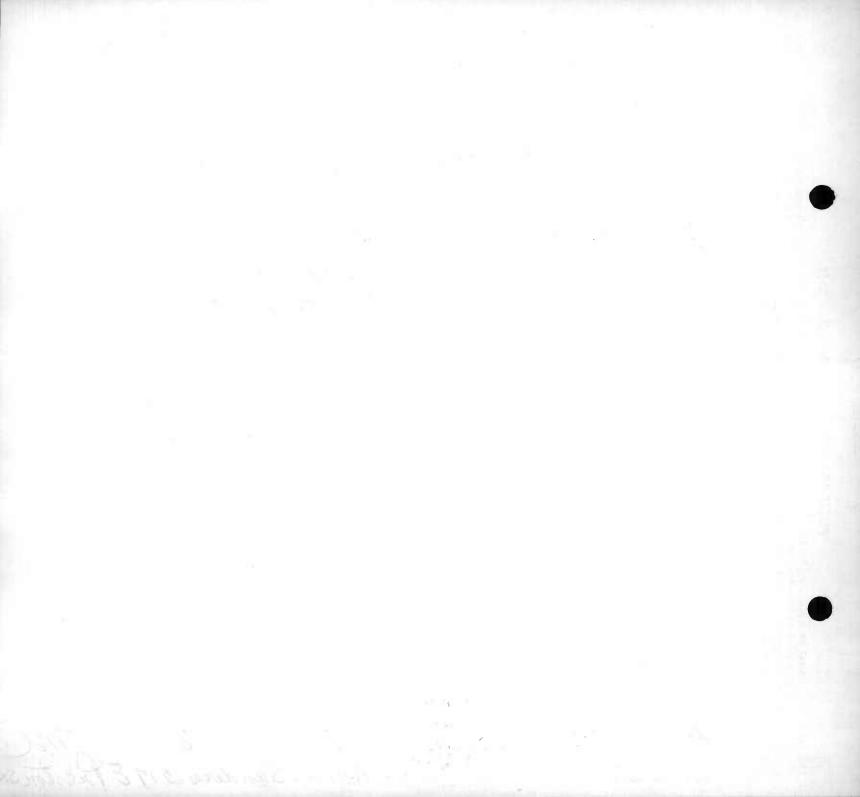




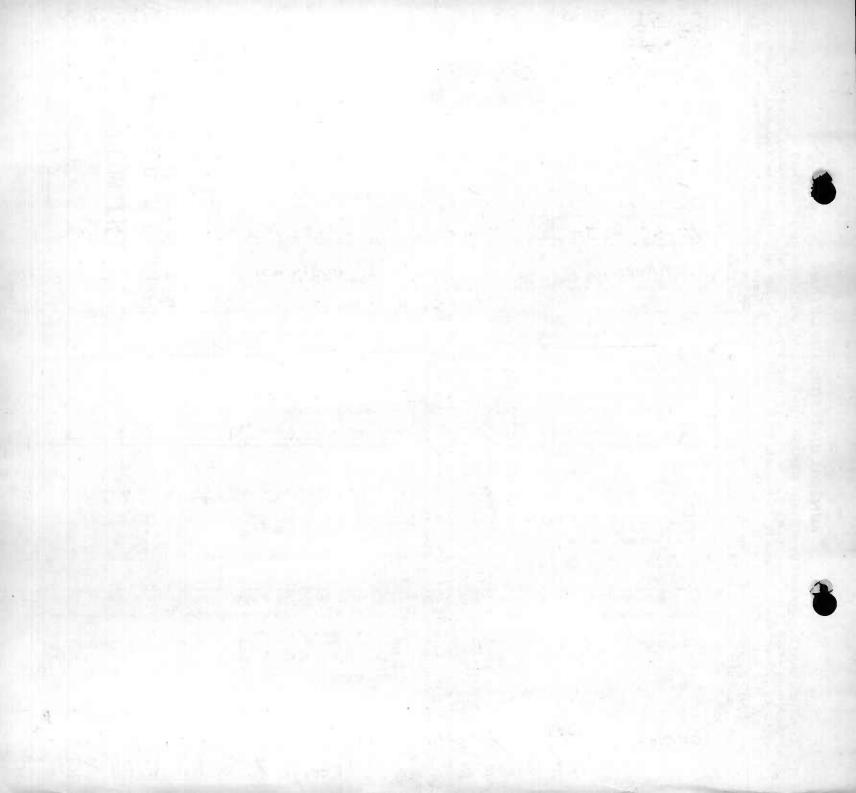
IMPORTANT

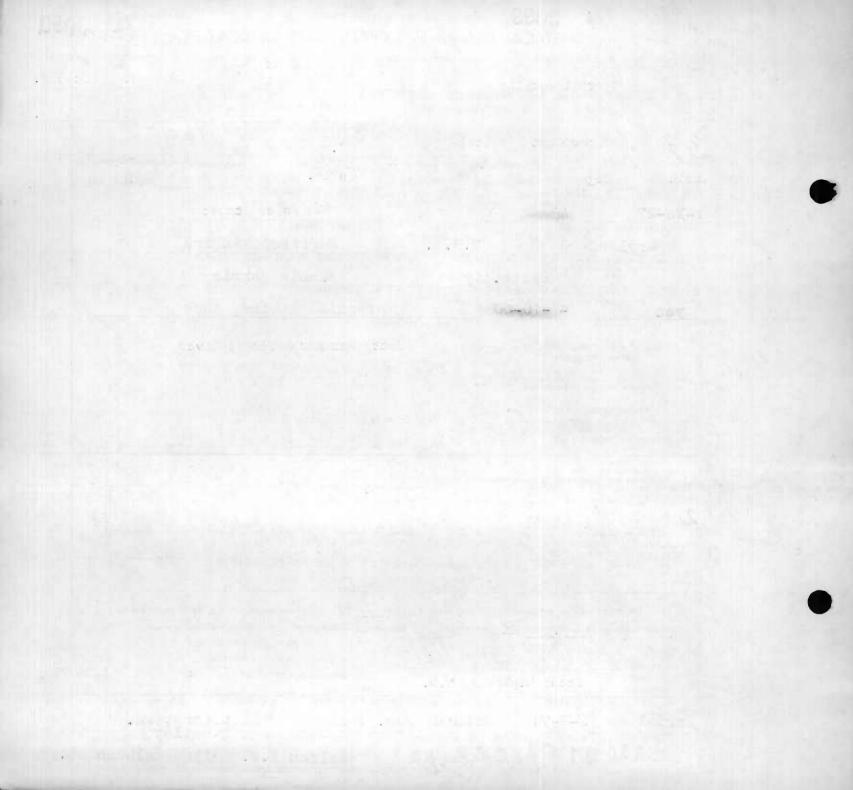
FUNERAL DIRECTOR:

BIRTH	7-2/1/ 74 2097 -	ATE OF DEATH REG. NO. 71 3097
	AME OF DECEASED R. TOOL	2. DATE AND HOUR DE DEATH
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4 USUAL RESIDENCE (Where depended lived. If institution: icsidence before admission a STATE
		A STATE B. COUNTY
HOSE	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	c. CITY OR TOWN D. INSIDE CITY LIMITS?
11	A = 1	Rolling
70	a now Hoopelat of Balling	E. STREET AND NUMBER
5. SEX	X 6. RACE 7. MARRIED NICHTON MARRIED	3518 Verginia ave
	WIDOWED DIVORCED	3/18/1915 ost birthday) Months: Doys Hours Min.
done d	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' dyring most of working life, even if religed)	11. BIRTHPLACE (State at foreign country) 12. CITIZEN OF WHAT COUNT
	House Welt	Daltimores Mg
13. FA	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
10.14		Maggie Rice
Yes, no	as Deceased Ever in U. S. Armed Forces? 10 or unknown) of yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Illelon Gutler 3518 Herain a
18	CAUSE OF DEAT	TH APPROXIMATE INTERYA BETWEEN DISET AND DE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(1	This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	AUSE CVA A CONSEQUENCE OF:
in	neorl foilure, asthenio, etc. Il meons the disease, njury ar complication which coused death.)	*
	ANTECEDENT CAUSES (1) DINCE	mona, typekalienia
D	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	mona, HypeKalsema s a consequence of: nic pulmononory disease
U	se to the above couse (A) stoting the JNDERLYING CONDITION lost.	nic perlmononary disease
	THER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE TERMINAL	
S 10	ISEASE OR CONDITION GIVEN IN PART 1 (A). A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	120 A 445 B 200 W. A 1 1 200 B
ETE C	WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21	A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., home, farm, foctory, sheet, o	in a about 21 C. WHERE DID (If In Ballimore City, give exact location)
A DE	R CONTRIBUTING CAUSE OF home, form, foctory, street, of elc.	place pidg. INJURY OCCUR?
211	D.TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
≫ I	APPROX.) While At Wark At Wark	le 🗍
22	2. I certify the (1) (this hospital) attended the deceased from	
the	not (1) (we) last saw the deceased alive on 3/25/	
1	nd hour and from the causes stoted obove. (1) (We) (did) (did not)	
	A. SIGNATURE	238, DATE SIGNED
	DL	ending Med. Staff
230	DEGREE	23D. ADDRESS
	ALI M. SAPA, FIN	Sinai Hospital of Bollima
24A. B	BURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Slote)
8	Durial 3-29-71 Mr Calore	My (Em I. A. la M.
25A. D	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
12.	AR 30 1971 Robert & Jaber, 4.D.	Rayner Sanders 217 E. Treston
MA	AN OU BY VICESCE OF JOSEPH PARTY	WINCE BM APPAI - 9 19 / 150 ALA



VS 150-REV. 1/1/6B





VS 150-REV. 1/1/68

The same of 3. 44 All on the spike of the State o

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

0 000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 71 3101	CERTIFICA	TE OF DEATH	REG. NO. 71	3101
(Type or Print) QUADE LEO	VARD	F 2. DATE AND	HOUR OF DEATH	1 9 0 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. Il institution	n: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	A. STATE B. COUNTY	D. INSIDE CIT	6800
Eliveris - Hosp. 2.	7 (E. STREET AND NUMBER		□ мо 🗵
- Sal	to. 21201			
5. SEX 6. RACE 7. MARRIED N	EVER MARRIED		AGE (In years If Ur t bighday) Monti	nder 1 Yr. Il Under 24 Hrs.
WIDOWED	DIVORCED	19/6//21	5	Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if retired)	INESS OR INDUSTRY	11. BIRTHPLACE Stote or loreign	country) 12. C	ITIZEN OF WHAT COUNTRY
		MA		454
13. FATHER'S NAME	4	14. MOTHER'S MAIDEN NAME		
15. Was Deceased Ever in U. S. Armed Forces? 116.	ade	Alice	Russ et	Cl
	SECURITY NO.	17. INFORMANT		ADDRESS
		Mary E. Quade M	echanics ville,	Maryland
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU		ca.	
hearl failure, asthenia, etc. Il means the disease.	DUE TO, OR AS	CONSEQUENCE OF:	Iner.	
injury or complication which caused deoth.) ANTECEDENT CAUSES		1.0	0	16-1
	(B) (B)	Mes kid!	rles	1/2 mg
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		A CONSEQUENCE OF:	0	
ONDERENING CONDITION last,	(c)	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
- I'M DAIE OF OPERATION 1176 CONDITION FOR WHICH	QPERATION	20A. AUTOPSY? (Yes or No) 2	OR IF YES WERE FINDING	CONCIDENCO
13/23/71 Cance ki	dulex	100 "	OR IF YES, WERE FINDING CERTIFYING -CAUSES OF	
OR CONTRIBUTING CAUSE OF home, for etc.)	E OF INJURY (e.g., in n, foctory, street, olf	or obout 21 C. WHERE DID INJURY OCCUR?	(If In Boltimore City, g	lve exoct location)
S OL INJOKA	RY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX) While AI Work	Not While			
22. I certify that (1) (this hospital) attended the dec	ceased from	2/10/ 10	7/10 B	127/1971
that (I) (we) last saw the deceased alive on	7/27/	19.3 and that I	7	ath occurred an the date
and have and from the causes stated above. (1) (We	(did) (did nat) vi	ew the bady after death.		
23A. SIGNATURE	14	**	1 11	ATE SIGNED
ft-S. Kangana	DEGREE Phys.	ding Med. Stat	[DD]	oul, 27 71
23C. PHYSICIAN'S NAME (Typel	1819. 2	BD. ADDRESS		1)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME o	DEGREE OF CREA	MATORY 24D. LOCA	TION (Cir.)	
REMOVAL (Specily)				•
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	sepns Chur	ch Cemetery Morga	nza, St Mary	s,Maryland
MAR 30 1971 Rober & Jaben		W. Clarke Matti	nglev Leonan	dtown, Maryland
VS 150-REV, 1/1/68		11000	-5-01 Decitati	doown, maryiand



VS 150-REV. 1/1/68

ARTHUR TAXYOR

YAR WOOD . E MISSEL.

in M. Teraner on Sm. dower Course

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Tree at the work of the contract of the contract of

_	T. E21) 74	BALTIMORE CITY	HEALTH DEPARTM	ENT	71	3103
RID	TH NO. Julia Estation	03 CERTIFICA	TE OF DEA	TH REG. NO		
1. N	IAME OF DECEASED	<u> </u>	2. D	ATE AND HOUR OF DEAT	гн	-
Ту	JULIA ESTELLA	Thomas		3-26-71	1 12	13 0.1
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived, tf	institution: resider	nce before odmission
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	A. STATE B.	VD CV	2	748
10	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	VSIDE CITY LIMITS	?
5	510 Sagra Roa	d	Baltimo	re City	YES 🔀	NO 🗌
1			E. STREET AND NUM			
1	EX 6. RACE 7. ASADE		B. DATE OF BIRTH		oad	
3	F WIDON	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doy:	r. If Under 24 Hrs Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B. KINI		11. BIRTHPLACE Stote	or foreign country)	12. CITIZEN	DE WHAT COUNTS
on	e during most of working life, even if retired)		P. , .	O Mm	1101	2
3.	FATHER'S NAME		14. MOTHER'S MAID	County MD	. USA	<i>t</i> .
,	-/ - 0.11		T. 1.	11 0%	,	
5.	Wos Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	H. 6,11	Ani	DRESS
	(If yes, give wor or doles of servi	SECURITY NO.	9.5			
	, , , , , , , , , , , , , , , , , , , ,	216.07-648	o Ma.	LEONARD TH		USBAND)
	18. 174X I	CAUSE OF DEATI	Н			PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY					
	LEADING TO DEATH	/ANIMMEDIATE CAL	SE RESDI	vatory a	LVOIL	0
	(This does not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF		V. V. V. 3. 6	
	heart failure, asthenia, etc. It means the dise injury or complication which caused death,)	ose,				
	ANTECEDENT CAUSES	(B) C94	a'hou	11,2010		1 year
	DISEASES OR CONDITIONS, if ony, gir	ving DUE TO, OR AS	A CONSEQUENCE OF			A
	rise to the obove cause (A) stating	the	\		.7	V
	UNDERLYING CONDITION Iasl.	(c) 10 V 8	ast C	9		years
	11					()
S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG				9
Ξ	TO THE DEATH BUT NOT RELATED TO THE TERMIN					
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).		1704	N V 000 10 11		
JF K	194. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Ye		RE FINDINGS CON CAUSES OF DEAT	ISIDERED H?
ERTIFI	0 0		No			
U	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21C, WHERE fice bldg., INJURY OC	DID (If in Baltim	nore City, give exa	ct lacation)
3	DEATH (notify medical examiner)	etc.)				
	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW 0	DID INJURY OCCUR?		
٤	OF INJURY (A PPROX.)	While At Not While	е			
		Work At Work				
	22. I certify that (I) (this haspital) attend	A	1b21	19 71 ta A	n-120	<i>ا19د</i>
	that (I) (we) last saw the deceased alive	on 17 puil 20	19 7	and that in (my) (aur) a	pinian death oc	curred an the do
	and haur and from the causes stated abav	e. (I) (<u>We) (</u> did) (did nat) v	iew the bady after a	death.		
	23A. SIGNATURE	0			238. DATE SIC	ONED
	Mut (WM	1. (Do. C Dh.	nding Med.	Staff Phys.	3-2	26-71
	23C. PHYSICIAN'S	1 DEGREE	23D. ADDRESS	Tity 3.		-
	NAME (Type)		S. to 2	27 CLOSS	1000	7
4 1	BURIAL CREMATION THE DATE	DEGREE	WATORY		(6)	
. 7 ~	REMOVAL (Specify)	C. NAME of CEMETERY OF CRE		The second second	(City, town, or cou	
	BURIAL 3/29/71	WOODLAWN C		BALTIMORE		MD.
SA	DATE REC D BY HEADTH DEPT 358. NA	ME OF REGISERAR	MITCHEL	E-WIEDEFEL!	D HOME	DDRESS
	WHU OB MI OBRES CO AC			ork RD. 212		

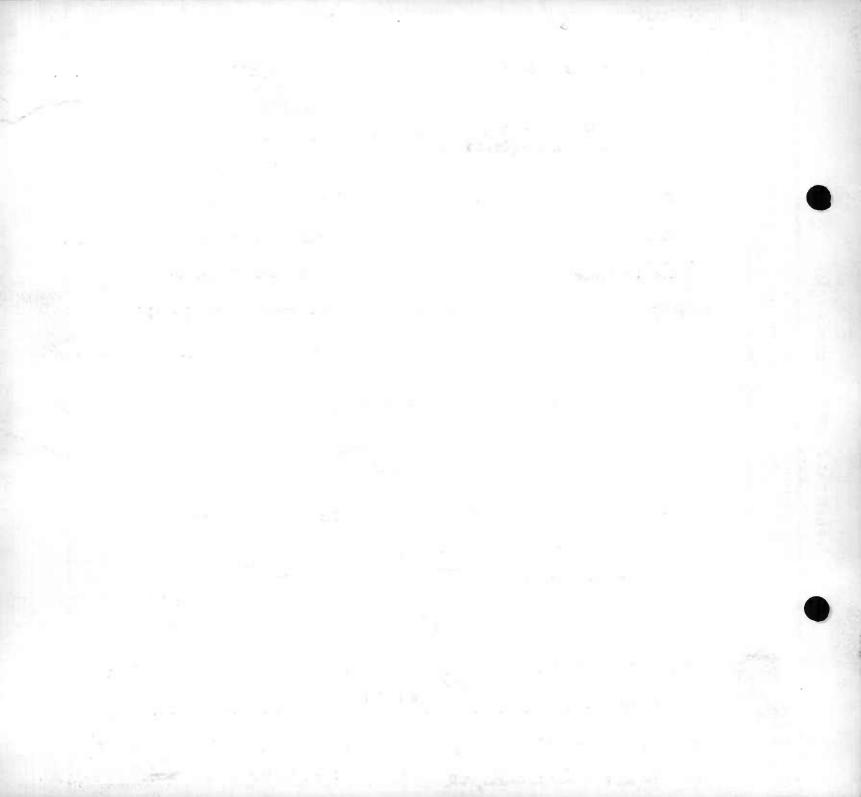
JULIA STEELE

MR. LEGELRE THOMAS (SUSBANE)

BURIAL 3/29/71 WORDLAWN OFF.

FUNERAL DIRECTOR: IMPORTANT

0 54	~		BALTIMORE CITY	HEALTH DEPARTMENT		71 0101
0-07	74	2401	CERTIFICA	TE OF DEATH	REG. NO	71 3104
BIRTH NO.	CEASED	O. HOL			D HOUR OF DEATH	
(Type or Print)		CHORNE	TOTAL	2. DATE AN	E /Ca	1 0 7 75
3. PLACE IN BA	LAWRENCE S			4. USUAL RESIDENCE (When	b//1	2 P. M. M
		TILLE TROPTO	ONCED DEAD	A. STATE B. COUN	TY	The state of the s
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland B	1110.	5300
INSTITUTION			1214 Eutaw Pl.		D. INSI	DE CITY LIMITS?
CA				Lutherville		YES NO NO
10	Baltimore, I	waryiane	1 21217		1 70 1	
		1-		100 Ridgefiel		
5. SEX	6. RACE	MARRIED	NEVER MARRIED		9. AGE (In years last birthday)	Months Doys Hours Min.
M	W	WIDOWED		6/1/91	79	
dane during most of	CUPATION (Give kind of work f working life, even if retired)	1		11. BIRTHPLA CE (State or lore	gn country)	12. CITIZEN OF WHAT COUNTRY
Builde		Bui	lding	Baltimore,	Maryland	U.S.
13. FATHER'S NA				14. MOTHER'S MAIDEN NAM	ME YEAR	0.5.
Lawrence				T11:141	011 / 1	
15. Was Decessed	tz Schoenlein	cas?	1 6. SOCIAL	E11Zadetr	Oldewurtel	ADDRESS
(Yes, no or unknown	n) (If yes, give wor or date	s of service)	SECURITY NO.	TO THE ORDINANT		ADDRE33
J.J. J.J. J.			216-05-7899		y Evans (Daug	g) Same as above
18.44	0,71		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY			· · · · · · · · · · · · · · · · · · ·	2 / /2
(This does	LEADING TO DEATH not mean the made of	duing on		SE april my	rearmen	- madeen
heart failure,	, asthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	intereste	7
	mplicalian which caused		1000	1000	· Va.	
	ANTECEDENT CAUSES		(B) CORON	any keen	- Milan	upont
DISEASES	OR CONDITIONS, if above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	G CONDITION last.	siding the	(c)			
	11			1		
O OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING	CVA			
☐ TO THE DEA	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL				
O THER SIGNII TO THE DEA' DISEASE OR C 19A. DATE OF	F OPERATION 198 CON		VHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	INDINGS CONSIDERED
				No		, p. 2.
. OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in e, form, factory, street, af	or obout 21 C. WHERE DID	(II In Baltimore	City, give exact location)
DEATH (natify	y medicol exominer)	etc.)				
DEATH (natify	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	· · · · · · · · · · · · · · · · · · ·
(APPROX.)	3 25 1971	200 Whi	le At Not While			
22 1	y that (1) (this haspital	//			9ta 3/2	25/71
			3 25	7/		
) last saw the decease				ot in (my) (aur) apin	Ian death accurred an the date
		ed abave. (I) (We) (did) (dld nat) v	lew the bady after death.		
23A. SIGNATE	UKE		MA	nding Med.	s. II -	238, DATE SIGNED
acon	wall all	ulle	DEGREE Phys	nding Med. Director	Staff Phys.	725/71
23C. PHYSICIA	AN'S Type)			23D. ADDRESS		/
	onisio G arcia	Jr. M. I). DEGREE	5500 Balto.	Nat. Pike Md	1. 71228
24A. BURIAL CRE	EMATION, 248. DATE		ME of CEMETERY of CRE			r, town, ar county) (State)
REMOVAL	0 3.29-7	1 1	Jola Produ	1	Roll.	mod
25A. DATE REC'E	D BY HEALTH DEPT.	25B NAME C	F REGISTRAR	25C. FUNERAL DIRECTOR	accome	ADDRESS
MAD 20		-			m Brooks Too	1050 York Rd.
-	The second	E Jake	KA.	T COOK, WIIIJa	III DIOOKS	- OWSON, 21204



	200	CEPTIFICATE OF DEATH X REG. NO. 71 3105
	56656	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
	death death eased n the Such	1. NAME OF DECEASED [Lyon or Pool 2. DATE AND HOUR OF DEATH
	-005	CARUSCH RUX EDNA 3/26/71 3.31 P.
	10	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A STATE B. COUNTY
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FERMINE VARK V-35
	se;	D. INSIDE CITY LIMITS
	_ ~ ~	2 Slew YES NO
	U	E. STREET AND NUMBER
4	but hed lar	5. SEX 6. RACE / 17. MARDING TO ALCUMN TO B. DAYS OF PLAYING
3	occurre ontribut ermined regular regular is made.	MARKIED NEVER MARRIED 5. DATE OF BIRTY 19. AGE (In years 11 Under 1 Yr. 11 Under 24 Hrs. Months! Days Hours Min.
	occu ontri ermii regu sased is mo	10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF SURFINESS OF INDUSTRIES OF INDUS
	det det in dec	done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY
	00E % .=	Homemoken Home, Conna USA
	if d (4) U wa the spos	14. MOTHER'S MAIDEN NAME
=	dire ; (4 ; h	Norman Beaver Emma Budwash
A	B	13. WOS Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
ORTA	治されるでに	MU SOLIZACIÓN POT TILLA O III POLIZACIÓN DE LA COLONIA DE
O	as if if ed da or f	18. 396. 1 CAUSE OF DEATH APPROXIMATE INTERVAL
0	W 700E	DISEASE OR CONDITION DIRECTLY The condial failure Between ONSET AND DEATH
X	Also re of noun atte	LEADING TO DEATH
••	3 O L B	(This does not mean the made at dying, e.g., heart tailure, asthenia, etc. It means the disease,
OR	act act	injury or complication which caused deoth.)
-	and ho egge	ANTECEDENT CAUSES
EC	XXX XX	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the
K	3 3 9 1 2 2	UNDERLYING CONDITION last. Gerelase, Mitral and Clarke asease
0	dicional distriction of the second of the se	
A	med burr burr hysi	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A)
ER	ay by by cian he re	
Z	chic Bod Bod the the	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	the 2(2) (2) ere o ph efor	U 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INTURY (a.g. in or about 12 C. WHERE DIS.
		DEATH (notily medical examiner) DEATH (notily medical examiner) DEATH (notily medical examiner)
	4 6 5 5 C D	21D-TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hos nate nate d (6	While At Work At Work
1	これ アメビヤ	22 Leastifu shee (I) (ship to steel) and the steel ste
	a 80	that (1) (m) face and the first section of the firs
	0-02-	and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
	deat must	K3A, SIGNAL URE
		23B. DATE SIGNED
	This certificate m the body was relishows: (1) An accivate b.O.A. at a f deceased prior to	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	was r An a L at a prior	
	certification of the control of the	24A. BURIAL GREMATION, 24B. DATE 24C. NAME of CEMETERY OF COUNTRY 24D. LOCATION (City, town, or county) (Stote)
	D.C.	BUPIAL (Specify) 2-20 1671 P. (Stote)
	This certifue body shows: (1) was D.O., deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS.
	This the back was dece	MAR 30 1971 25R. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS, OXL RG.
	- 1	VS 150-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

Μ.

NO

U. S. A.

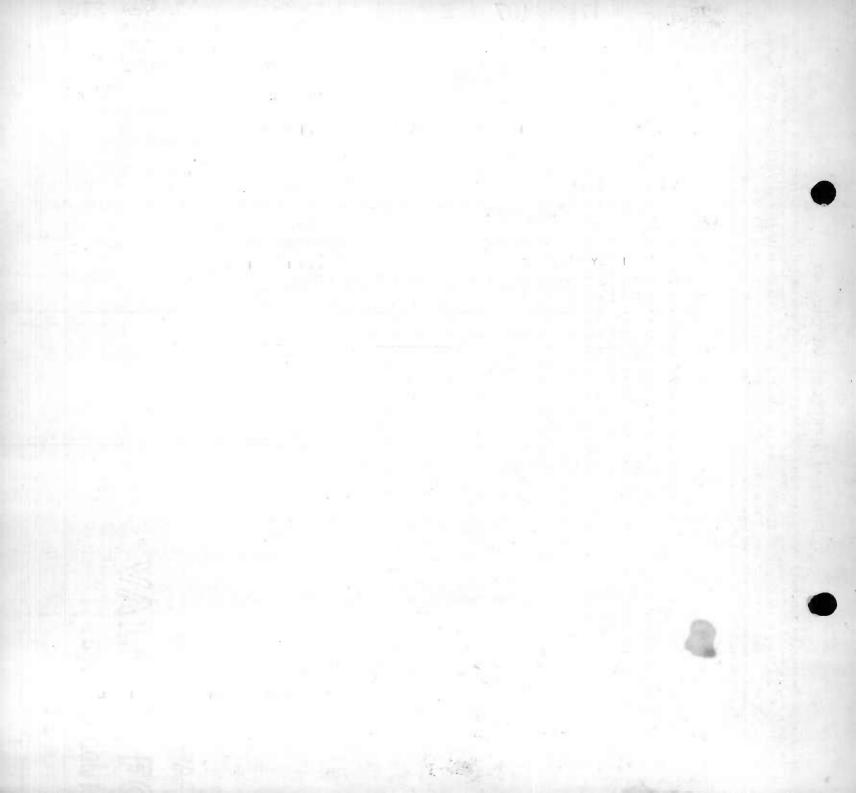
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

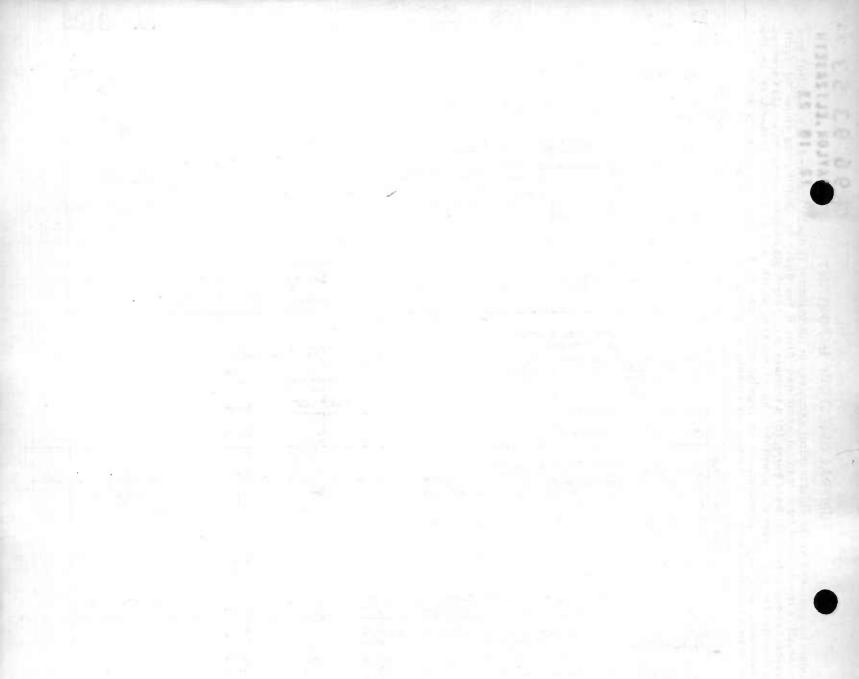
If Under 24 Hrs.



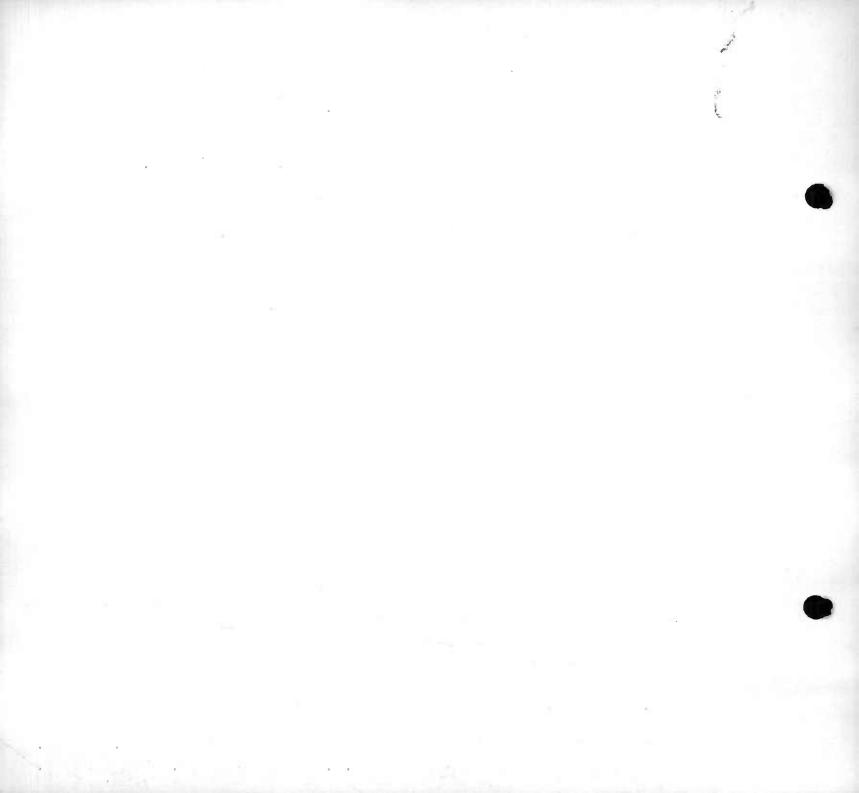
KIH NO.		J.E.O.	BALTIMORE CITY		DEC NO	IT OTOI
	1 B		CERTIFICA	TE OF DEA	TH KEG. NO	
NAME OF DE	ECEASED Sheet	Softle),	2, D	ATE AND HOUR OF DEATH	SHI .
PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived. If in	stitution: residence before odmission
ULL NAME O	OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	MARYLA!	1	DE CITY LIMITS?
2 2 T	HE JOHNS HOP	KINS	OSPITAL	BALTIMO		YES X NO
20				E. STREET AND NUM		
SEX	6. RACE	7		8. DATE OF BIRTH	O AGE (In worse	If Under 1 Yr. If Under 24 Hrs
MALE	NEGRO	WIDOWED		07-2	29-08' birthdoyl 62	Months Doys Hours Min.
A. USUAL OC	CUPATION (Give kind of work of working life, even if retired)	Southe	rn Calvanizin	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTR
Labore		Compa	ny	Nash Co.,	North Carolina	U.S.A.
FATHER'S N				14. MOTHER'S MAID	EN NAME	
	WILEY BATT	LE		JULI	A SIMMONS	
. Was Deceas	ed Ever in U. S. Armed Far wn) (If yes, give war or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	with the year, give war or bote	or service.	238-36-3030	Lenora Bati	tle 1613 Normal	Ave. 21213
18.	9 9 7		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	the obove cause (A) NG CONDITION last.	stating the	(c)			
TO THE DE	NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 198. CON	HE TERMINAL RT 1 (A). IDITION FOR Y	WHICH OPERATION	20 A. AUTOPSY? (Ye	es ar Noi 208, IF YES, WERE	FINDINGS CONSIDERED
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TO THE DE DISEASE OR 19A. DATE OR CONTRI DEATH (not	NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T R CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF lify medical examine?	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED 21B. hometc. (Hour) 21E. Wh	PLACE OF INJURY (e.g., i e, farm, factory, street, al INJURY OCCURRED	n ar obout 2/C. WHERE fice bidg., HUJURY OC	DID (If In Baltimar	
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-	ma - /	Try 4	0100	BALTIMORE CITY	HEALTH DEPARTMENT		
BIR	-460 TH NO.	11	3108	CERTIFICA	TE OF DEATH	REG. NO	71 3108
	PE or Print		Eliza	abeth C,	2. DATE	AND HOUR OF DEATH 3/28/71	1 0.30 n
3.	PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	14. USUAL RESIDENCE (V	Vhere deceased lived, It is	9:30 p. M
FU HC	LL NAME OF	IIF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT ATION)	UTION, GIVE STREET	Maryland c.cliv or town Baltimor	D. INS	DE CITY LIMITS? YESMIX NO
		hns Hopkin	s Hosp	ital		veland Aven	ue
5. \$	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	emale	Negro	WIDOWED	DIVORCED	12/10/23	lost birthdoy) 47	Months Days Hours Min.
104	USUAL OCCU	PATION (Give kind of work	LIOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlate of	foreign country)	12. CITIZEN OF WHAT COUNTRY
don	Housewif	vorking life, even if relired)			Baltimore, Ma		U.S.A.
13.	FATHER'S NAM	AE			14. MOTHER'S MAIDEN		
		rborough			Carrie Dunn		
5. Yes	Wes Deceased	Ever in U. S. Anned Fer lif yes, give war or dote	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	no	Your first mut of dote	- ui solvicei	212-22-2634	Henry Yarbord	ough 4115 Grov	veland Ave. 21215
CAT	OTHER SIGNIFITO THE DEATH	R CONDITIONS, if obove cause (A) CONDITION last, II CANT CONDITION S CO I BUT NOT RELATED TO TO NOTITION IN PAR OPERATION 1178. CON	NTRIBUTING HE TERMINAL T 1 (A).	(c)	A CONSEQUENCE OF: SELFERSION 120A. AUTOPSY? (Yes or	Lues Renal Fuilu	16 tyeans
ERTIF	17-0	7/ WAS PER		THICH OPERATION /	AUTOISITIES OF	IN CERTIFYING CAL	FINDINGS CONSTDERED USES OF DEATH?
9	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examined	21B. hometc.	e, form, foctory, street, of	or obout 21 C. WHERE DID	(If to Boltimore	e City, give exact location)
3	21 D. TIME OF INJURY IAPPROXI	(Doy) (Year)		INJURY OCCURRED IN At Work At Work	21F. HOW DID I	NJURY OCCUR?	
	thoy (I) (we)	that (1) (this haspital	d olive on	3-28			3-28 197/
	ond hour and		Park	1	nding Med.	Shoff Phys	23B, DATE SIGNED
	23 C. PHYSICIAN NAME (Ty	Leon C	Park	OEGREE	Johns H	bokins Ho	
	REMOVAL (S	NATION, 248. DATE		ME of CEMETERY OF CRE	MATORY 24D.	KOCATION (CI	Jewn, or county) (Stole)
B	urial	4-1-71		. Calvary Ceme		A.A. Co., Mary	
	MAR 30	1971 Robert	258. NAMS 0	LEGUTIAN .	Marshall W.	Jones, Jr.	l Avenue 21213



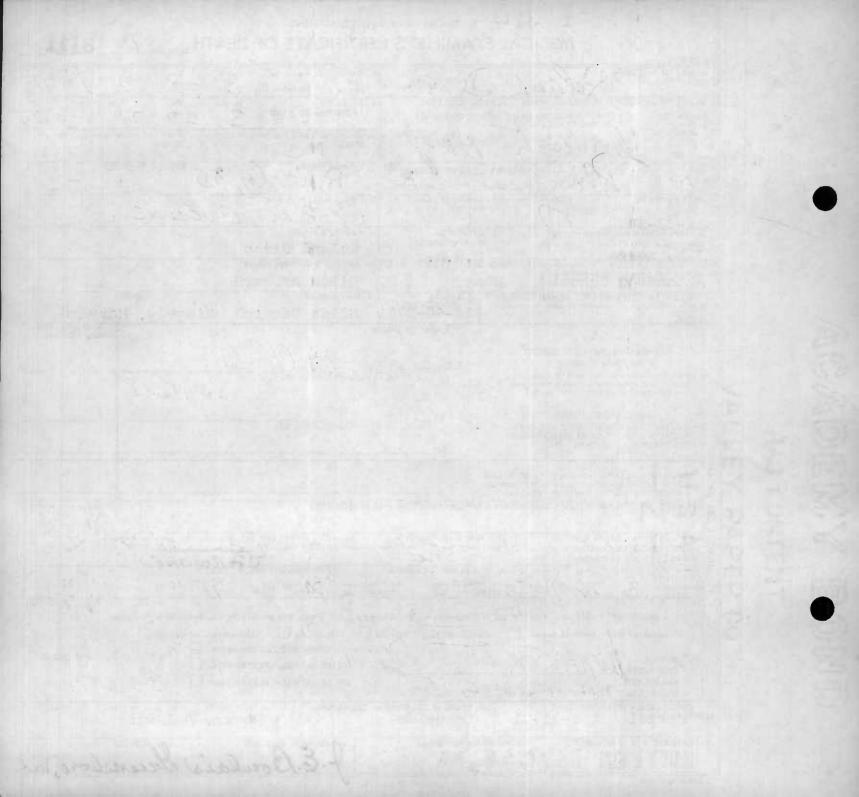
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BIRTH NO.	X) /	71	3109	CERTIFI	CATE	JE DEATE	1			
1. NAME O	F DECEASED	rine	- Λ - CT15	a ma la		2. DATE	AND HOUR OF	DEATH	1 /	
3. PLACE I	N BALTIMORE, MA	ARYLAND, WI	HERE PRONOL	UNCED DEAD	[]4. []51	IAL RESIDENCE (V	3-28-71		6	30 A
			TERE TROTTO	ONCED DEAD	A. STA	TE B. CO	UNTY	ved. II institut	lion: residence	before admissio
FULL NAM	OR ADDRE	T IN HOSPITA	L OR INSTITU	UTION. GIVE STREET	M	d.	3		27	11
HOSPITAL	N	JJ OK LOCA	IION)			OR TOWN	Mary .	D. INSIDE C	CITY TIMITS?	
QA	Tana Ch	0 NT-		TT		ltimore		YE:	s 🔝 🛚 N	10 🗌
10	Long G	reen M	ursing	Home		EET AND NUMBER	•			
						310 St.	George's	s Ave.		
5. SEX	6. RACE	7	7. MARRIED	NEVER MARRIED	8. DAT	OF BIRTH	9. AGE (In ye	ors If	Under 1 Yr.	If Under 24 H
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done during n	nost of working life, evaluation	(en il relired)		Home			•		USA	
13. FATHER			OMIT	Home		altimore	•		USA	
		1				THER'S MAIDEN N				
Johr		enheus				Katherin	e Koch			
Yes, no or un	known) (II yes, give	Armed Force	os?	1 6. SOCIAL	17. INF	DRMANT			ADDRES	S
no	I .	01 00103	a services	212-07-6	70A A	John W.	A comb		Same	
18.	0			CAUSE OF D		OOIHI W.	Acomb			MATE INTERVA
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4. F	LACE IN BALTIM	ORE, MARYLAND,	WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor 1	four
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H	ouse Cle	eaner			Robn	ett F	isher			
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RE/	MOVAL (Specify)	7 / 7 T	,	4C. NAME of CEMETERY			LOCATION		n, or county)	(Stote)
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254	MAR 30	1971 R.S.	E Ja	Ben & D.	Le B	e Funer	al Hon	ne King	g Georg	ge, Va 22485
VS	151-REV. 1/1/68				1			7-11	THE STATE OF	7

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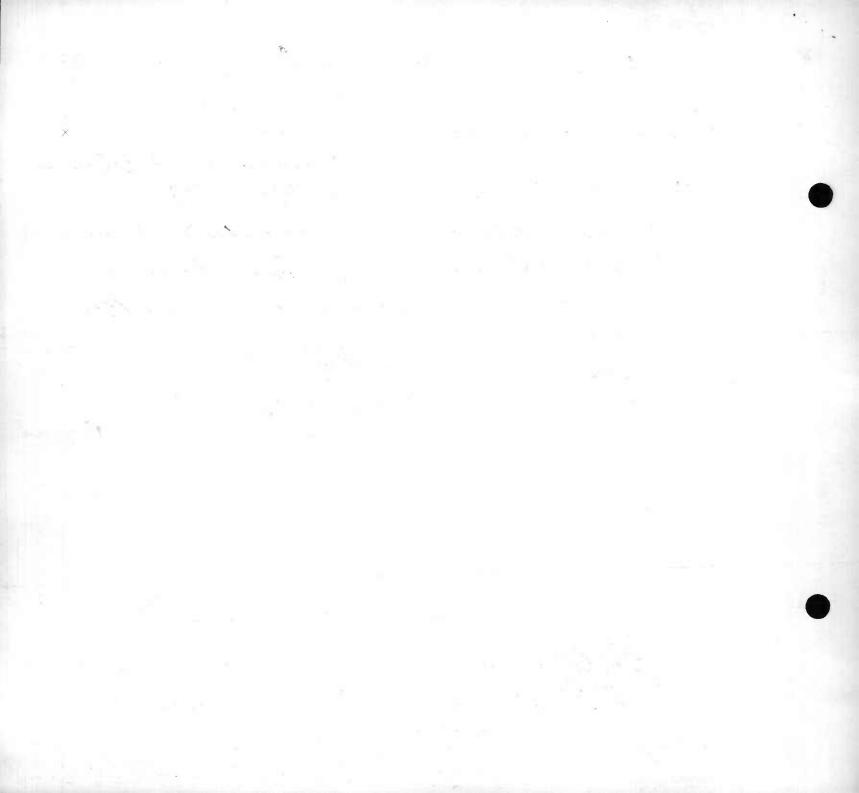
			71 31	BALTIMORE CITY HE	ALTH DEPARTMENT		
1)-25	0	MEDICA	L EXAMINER'S	CERTIFICATE OF D	EATH 7	1 3411
BIRT	HNO.					REG. NO.	<u> </u>
1. N (Type	AME OF DE	CEASED	Poland	Dixon	2. DATE Known A	S 25	TOP MOUSOP M.
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HOS	NAME OF PITAL NSTITUTION		ESS OR LOCATION	STITUTION, GIVE STREET		3 27 7	1/10 PM
-	38	Um	Versity	Hosp	A. STATE (Where de	B. COUNTY Carolin	e. 5500
6. S	M)	7. RACE	land o	RIED NEVER MARRIED E	C. CITY OF TOWN	D. INSIDE CITY	LIMITS?
9. D	ATE OF BIRT		10. AGE (in years lost bigshoo)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER	avenue	
11. B	RTHPLACE (n country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		
140 1	Delar	PAYIONIGIS	e kind of work 14B. KIN	D OF BUSINESS OF INDUSTRY	Roland Dixon 15. MOTHER'S MAIDEN NAME		
done	during most of	vorking life, ev	en If retired)	None	Hilda Baynard	3	
16. V	VAS DECEAS	ED EVER IN	U.S. ARMED FORCE	S? 17. SOCIAL	18. INFORMANT		RESS
(Yes,	NO	(It yes, give	war or dates of service	214-66-9771	Hilda Germick	Ridgely,	Maryland
1	9.	13	, /	CAUSE OF DEA	тH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS		ITION DIRECTLY		multon	0	
	(This does	LEADING TO	DEATH mode of dying, e.g.,	(A)IMMEDIATE C	AS A CONSEQUENCE OF:	L. A	
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		OR CONDITI	ONS IF ANY GIVING	DIJE TO OR	AS A CONSEQUENCE OF:	***************************************	
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Z	DISEASES RISE TO TH UNDERLYI	E ABOVE CA	ONS, IF ANY, GIVING USE (A) STATING THI ION LAST.	(c)	TO A CONSEQUENCE OF.		
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VEDICAL STATES	OTHER SIGN TO THE DE DISEASE OF INJURY (APPROX.) 3. I CONTROL OF INJURY (APPROX.) ACTUAL SIGNAT EXAMIN NAME (BURIAL CRE	IFICANT COI ATH BUT NO: IF CONDITION FOPERATION NAL CAUSE MOR CON LUSE OF DEA (Month) (I 2) Lify that I he ted fran: N LURE LUSE ER'S Type) WATION,	II INDITIONS CONTRIBL RELATED TO THE TERR GIVEN IN PART 1 (A) 120B. CONDITION WAS TRIBL ITH. Pov) (Yeor) (Hou Inquiry) Individual causes 146. DATE 3-31-71	CC CC CC CC CC CC CC C	AS PERFORMED 22C. WHERE DID (Kind of the control o	Baltimore City, give skeet of the city of	ocalian by Denton policy in MD



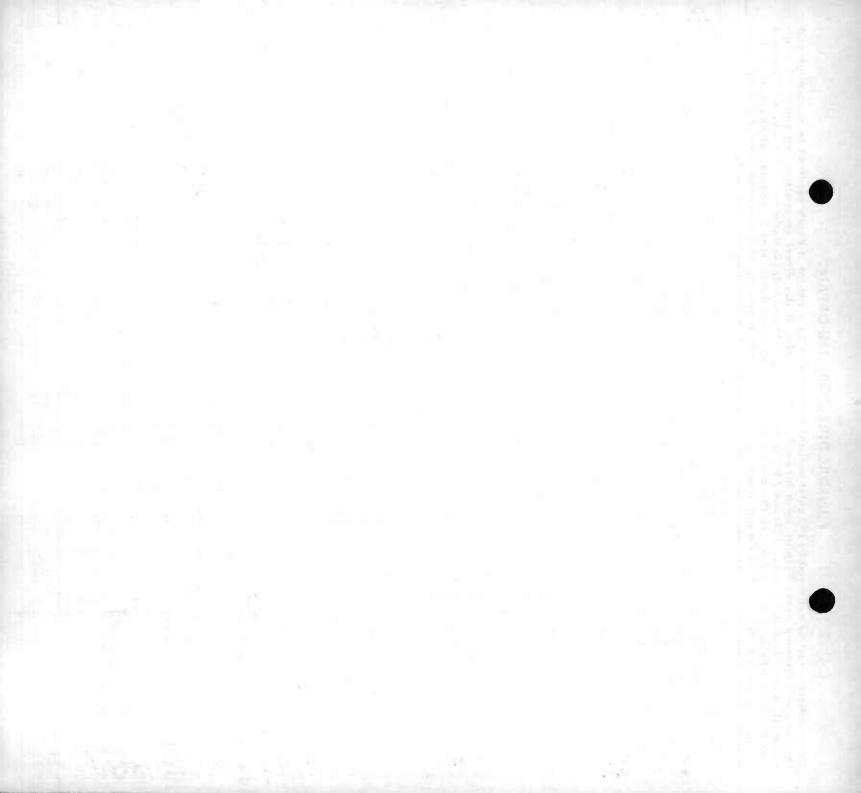
IMPORTANT

FUNERAL DIRECTOR:

	7	BALTIMORE CITY	HEALTH DEPARTMENT	Y	
BIR	5-635 71 31	12 CERTIFICA	TE OF DEATH	REG. NO	71 3112
(Ту	Pe or Print) GARDNER -	BERTHA I	SHEFFE	3/28)	1, 920
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, if insti	tutions residence before admission)
FU HC IN:	LL NAME OF (IF NOT IN HOSPITAL OR IF ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. A. Co.	5200
	outh Baltimore General	HospitaL	- SELEKN		YES NO 📉
2	/3		Lesse K	and Ry	3-Box 2
5. 5	F W WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	10/15/93	1+	II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
10A	USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
	Homemater ou	, ~ - Home	MARY	LAND	N. AMERICAN
13.	FATHER'S NAME	2 00	14. MOTHER'S MAIDEN NAM	AE.	TO TO THE THE OWN
	MILLIAM SANT	-ORD.	Repeden	Lown	PN
15. Yes	Wos Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give war ar doles of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0 ,	ADDRESS
	N3	217-48-3720	Staupet 1	MAGNER	- (SON)
	DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATH	,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	se Salteca	-4 6	15 da.
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise	A.T.	CONSEQUENCE OF:	0.0	7
	injury or complication which caused death.)	00	(A)	7 /	V.
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	ving (B)	A CONSEQUENCE OF:	7007	
	rise Ia the above cause IA) stating UNDERLYING CONDITION last.		a Setey.		15 years
_	11				
Ë	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINATED TO THE THE TERMINATED TO THE THE TERMINATED TO THE	NG NAL			
ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED
ERTI	WAS PERFORMED			IN CERTIFYING CAUSE	ES OF DEATH?
-4	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., in home, tarm, foctory, street, off etc.)	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(if In Boltimore C	ity, give exoct location)
AEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
>	(APPROX)	While At At Work			
	22. I certify that (I) (this hospital) attende			?to	3/28 19 7/
	that (I) (we) last saw the deceased alive	an 3/28	19	t in (my) (🖛) opinia	n deoth occurred on the dote
	and have and from the causes stated abov	e. (l) (We) (did) (dld not) vi	ew the body ofter death.		
	23A. SIGNATURE	Q- Atten	ding Med. S		B. DATE SIGNED
	23 C. PHYSICAN'S	DEGREE Phys.	Director P	haff hys.	3/28/11
	23 C. PHYSICIAN'S NAME (Type)	774	3001	5. 20	mes ST.
24A	BURIAL CREMATION, 24B. DATE 240	C. NAME OF CEMETERY OF CREAT	MATORY 24D. LO	CATION (City.	fown, or county) (Stote)
R	12/2// 2/2//7/ S	2//.0.		PPUM	nd
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	KPwan	e ADDRESS
- N	AR 31 1971 Robert & Jak	Sey M.D.	Sugleton	Fiver 1 Hs	se / Conkaine
VS I	50-REV. 1/1/68		/		



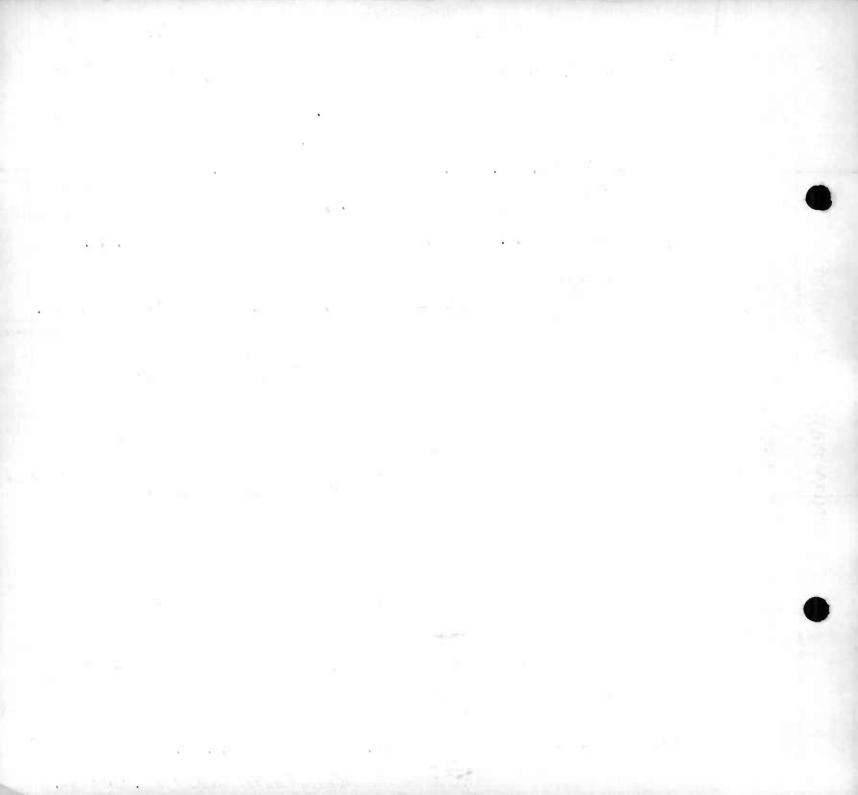
1/ 1-		TY HEALTH DEPARTMENT
BIRTH NO. 52	3113 CERTIFICA	ATE OF DEATH REG. NO. 11 3113
1. NAME OF DECEASED (Type or Print) Helm (CR	Opal 1	124 2. DATE AND HOUR OF DEATH 3-26-31. 1105 A
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF HOSPITAL OR ADDRESS OR LOCAT	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY (IMITS?
Pouth Beltimore G	enenal Hospital	Beltimore YES NO
43		1606 Elm tree St. 21226
F W.	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (in years Il Under 1 Yr. if Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if refired)	B KIND OF BUSINESS OR INDUSTR	
housewife.	home	W. Virginia. 45A
HORRY Weaver	(dee)	Zada. Johnson.
15. Was Deceased Ever In U. S. Armed Force (Yes, no ayunknown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	Lawres Helmich - hus caroles 4
18. 4 97 X 1	CAUSE OF DEA	
DISEASE OF CONDITION DIRE	XVNC	hopen confluent (100
(This does not mean the mode of dheart failure, asthenia, etc. It means the	ying, e.g., (A) MMEDIATE CA	AUSE S A CONSEQUENCE OF:
injury or complication which caused d	eath.)	1.10
ANTECEDENT CAUSES	(B)	may emply sense Silatent Stren
DISEASES OR CONDITIONS, if an ise to the above cause (A) s UNDERLYING CONDITION last,	y, giving DUE TO, OR A	eneralized arteriosalem,
11	(~/	
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE	RIBUTING	
✓ IDISEASE OR CONDITION GIVEN IN PART:	(A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19R CONDI		IN CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH inotify medical examines	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Baltimare City, give exect location) office bldg., INJURY OCCUR?
-	Houd 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX)	While At Not Wh	
22. I certify that (1) (this hospital)		3 - // 19 7/ to 3 - 26 19 2/
that (i) (we) last saw the deceased		
and haur and from the causes stated	abave. (1) (We) (did) (did nat)	
23A. SIGNATURE	94	tending Med. Staff Staff S - 26 - 7/
23C. PHYSICIAN'S NAME (Type) & PRIS	Ses Decree	South Balto. General Hosp.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, or county) (Stole)
DURIA 3-27- 25A. DATE REC'D BY HEALTH DEPT. 12	1 Cedar HIII	Lem Dalto, A. H. Wa.
MAR 31 1971 R. C. S.	E. Jaben & D.	A/CCULLY -237 Pataraco Augalas
VS 150-REV. 1/1/68		



IMPORTAN DIRECTOR: FUNERAL

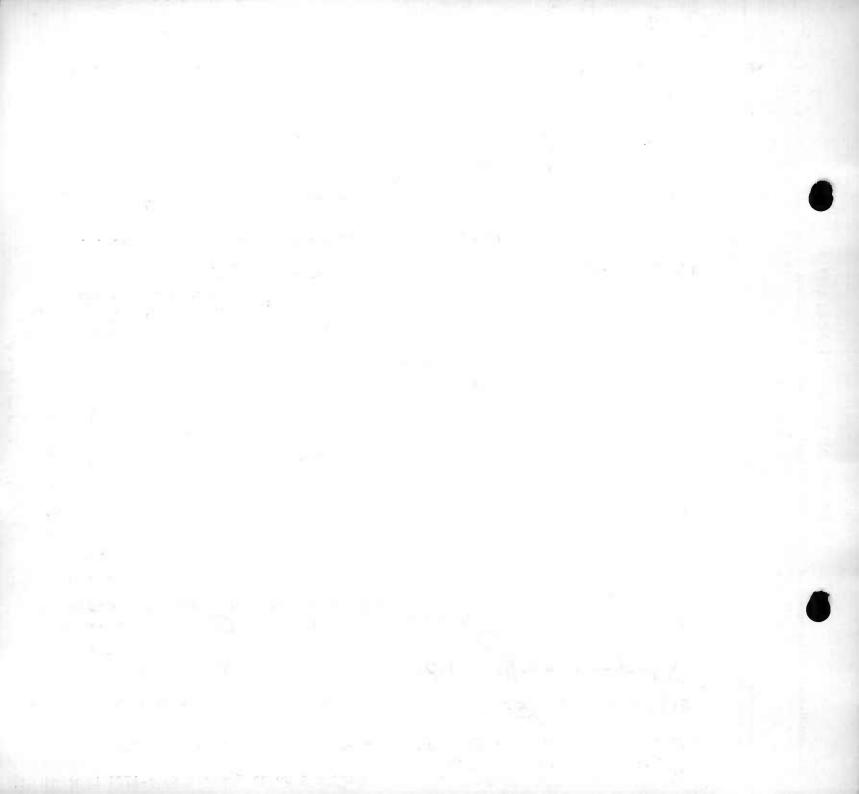
VS 150-REV. 1/1/68

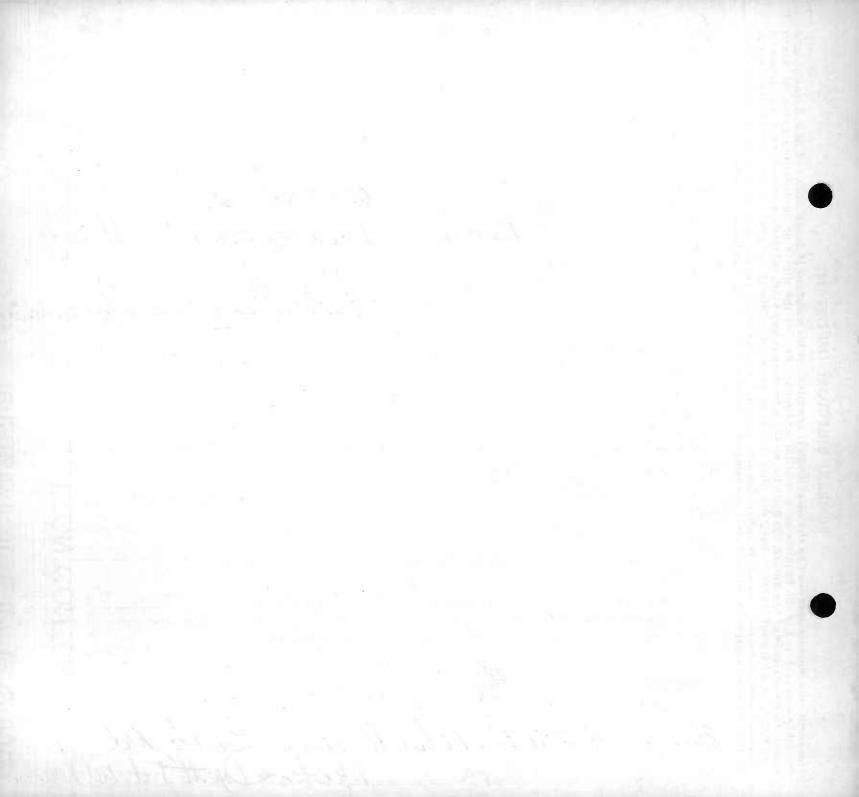
D. INSIDE CITY LIMITS? YES NO If Under 1 Yr. Il Und Months: Doys Hours Il Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? Elsie M. Wheeler 322 Washburn Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the 23B, DATE SIGNED (City, town, or county) ADDRESS



•	leath occurred in a hospital and or contributing cause of death Indetermined cause; (5) Deceased is in regular attendance on the deceased prior to death. Such ition is made.
IMPORTANT	or his assistant if d Also, if the direct re of any kind; (4) L nounced death wa attendance on the med or final dispos
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-655	71 3		HEALTH DEPARTMENT	REG. NO.	71 3115
I'M AME OF DECE	1-14666 ASED				
(Type or Print) Ch	comwell, Cons	stance		and hour of death $26 - 11$	- 18.45 P.
		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived II is	nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	- San	15/2
1	BALTIMORE (CITY HOSPITALS		D. INS	IDE CITY LIMITS?
3.1	4940 Easter	rn Avenue	Baltimore E. STREET AND NUMBER		YESKIX NO .
	Baltimore.	Maryland 21224	3602 Cottage		21215
5. SEX	S. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Female	Negro	WIDOWED DIVORCED	8-20-70	lost birthdoy)	Months Doys Hours Min.
IOA. USUAL OCCU	ATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or la	teion country	13 CHIEN OF WHAT COUNTY
done during most of we	orking life, even if refired)	100			12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAM		Infant	Baltimore, Mar	yland	U.S.A.
			14. MOTHER'S MAIDEN N	AME	
Benjamin			Jershue H	lem i ngway	1.5
15. Was Decoosed E (Yes, no or unknown) (ver in U. S. Armed For II yes, give war or dole	s of service) N 6. SOCIAL	17. INFORMANT		stern Avenue
	7 5 7 8 1 5 1 5 1 5 1 5 1	SECONIII NO.	BCH RECORDS:		
18,	5 C 3	CAUSE OF DEATH	,	Baltimon	ce, Maryland 21224
L	OR CONDITION DIR EADING TO DEATH meon the mode of sthenia, etc. It meons	Corolio Corolio	res pirator	y arest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR	Icalian which caused NTECEDENT CAUSES CONDITIONS, if above couse (A) CONDITION last.	(B) DUE TO, OR AS	a consequence of:	i up sutir	e
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E I TO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH NOTION GIVEN IN PART	AF TERMINIAL	43-		
19A. DATE OF O	PERATION 198. CONE	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? Yes
O 21A. A CCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING	218 PLACE OF INJURY (e.g., in home, form, fociory, street, off etc.)	or obout 21C. WHERE DID ice bidg. INJURY OCCUR?	(If In Boltimore	e City, give exact locotion)
S OF INJURY	Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While A1 Not While Work A1 Work	215 HOW DID IN	JURY OCCUR?	gaville lighter,
22. 1 certify th	ot (1) (this hospital)	attended the deceased from	10 A	1021 100	- nu 3-26-21
that (1) (we) Id	st sow the deceased	d olive on 3-26 —	197ond t	hat In (my) (aur) opin	Sign death occurred on the date
ond hour and f	ram the causes state	ed obave. ((i) (We) (did) (did not) vi	ew the body ofter deoth.		
23A. SIGNATURE	^ ^	m			23B, DATE SIGNED
	de Bu	TULL HD DEGREE Phys.	Director L	Staff Phys.	3-26-71
23C. PHYSICIAN NAME (Type	e) _		D. ADDRESS	eme Averer	0 190 91971
GIGLIC	ATION, 248, DATE	UFT J 24C. NAME OF CEMETERY OF CREA	MATORY 1240.		
Burial			Name of the last	- Content	y, town, or county) (Stote)
25A. DATE RES'1 8	3-39-71	Mount Auburn Ceme	25C. FUNERAL DIRECTO	.1	ADDRESS
10 300 Deld 345 115	1 4		Morton & Dyet	t Funeral Ho	me-1701 Laurens St





1. NAME OF DEC	EASED	. /	1 ^.	2. DATE	AND HOUR OF DEA	TH / C
2 21 4 25 111 241	Kearn	ey, a	asy		3/28/71	17-0
3. PLACE IN BAL	TIMORE, MARYLAND.	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (where deceased lived, i	I Institution: residence befo
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP	TAL OR INSTIT	UTION. GIVE STREET	Maryland	Baltimore	
INSTITUTION	NOUNESS OR EO	CA HON		C. CITY OR TOWN		NSIDE CITY LIMITS?
2 / Ra	ltimore City	Hospita	als	E. STREET AND NUMBE	nea"	YES NO
	ltimore, Md.				ondale Rd.	
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH		II Under 1 Yr If I
Female	Negro	WIDOWED		9-8-28	% AGE (In years lost birthdoy)	Months Days Hou
10A, USUAL OCCL	JPATION (Give kind of wo	CK TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	loreign country)	12. CITIZEN OF WH
Nurses A	Mouring the agen it tellied	Hospi				
13. FATHER'S NAM		1103 P1		South Caro		U. S.A.
	772	Lee		MAIDEN .	10000	
15. Was Decemend	Virgue	_	14 500141		Essie	
(Yes, no or unknown)	Ever in U. S. Armed Fo	tes of service)	SECURITY NO.	17. INFORMANT	4940 Easte	ern Ave. Address
				BCH Records:	Baltimore,	Md 21224
18. / 5	3.81		CAUSE OF DEAT	H		APPROXIMA BETWEEN ONS
	E OR CONDITION D	1		- /.		11
		•	(A) IMMEDIATE CAL	ISE GIARMOCONCI	noma of	ne 54
heart failure	ol meon the made o asthenia, etc. It mean	t cying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		
iniury of com	asmana' eic' il Wedli	s me disease.			1	
	alicalian which cause.	d doubt t		n./ MI	MPENDEN-1 MA	entente an
	plication which cause	d death.)		ISE <u>adenocarci</u> A CONSEQUENCE OF: Colon T MI	despread M	refastases
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DISEASES OF THE PROPERTY OF TH	R CONDITIONS, if above cause (A) CONDITION lost,	d death.) S any, giving stating the	(B)		despread M	refastases
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FUNERAL DIRECTOR: IMPORTANT

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21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (or CONTRIBUTING CAUSE OF DEATH (notify medical examine)) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (PROX.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (While At Work) 21E. INJURY OCCURRED (At Work) 21E. INJURY OCCURRED (At Work) 22. I certify that (I) (this hospital) ottended the deceosed from (At Work) 22. I certify that (I) (this hospital) ottended the deceosed from (At Work) 23. Injury Occurred (I) (We) last saw the deceosed alive on (I) (We) (did not) view the body ofter death. 23A. SIGNATURE (Approx.) Attending (A	H 19A. DATE OF			OPERATION	1		IN CERTIFYING	ERE FINDING CAUSES OF	S CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner)	£ ()								
DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (1) (this hospital) ottended the deceosed from that (1) (we) last saw the deceosed alive on and hour and from the couses stated above. (1) (We) (did not) view the body ofter death. 23A. SIGNATURE 23A. SIGNATURE Athending Athend	OR CONTRIBL	IT WAS UNDERLYING	21B, PLAC	E OF INJURY (e.g., in m, foctory, street, offi	or obout 21 C. V ce bldg., INJUF	WHERE DID RY OCCUR?	(tf in Bo	Itimore City, g	ive exoct location)
21D. TIME OF INJURY (APPROX.) 21E. INJURY OCCURRED While At Work Not Work	▼ DEATH (notify		etc.)						
At Work Not White At Work At	O 21D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJU	RY OCCURRED	21 F. H	IOM DID INT	JRY OCCUR?		
22. I certify that (1) (this hospital) attended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10	>								
that (I) (we) last saw the deceased alive on that (I) (we) last saw the deceased alive on the courses stated abave. (I) (we) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. Shaff Director Phys. 3/27/2 23C. PHYSICIAN'S NAME (Type) ROLAND T. SMAGOT M. DOEGREE 23D. ADDRESS NAME (Type) ROLAND T. SMAGOT M. DOEGREE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) Plurical HI 1/11 Carbutur mem. PK Malto. Wed.					D *	5.7	- ()-	7	/ 7/ 10 5
and hour and from the couses stoted obave. (1) ((1) (did not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) ROLAND T. SMOOT M. D OEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) PLUSSE 41. [7] Carbutu Med. Shoff Director Phys. 3 / 2 7 / 5 23D. ADDRESS 23D. ADDRESS 24D. LOCATION (City, town, or county) Add. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) Pulsel Attending Med. Director Phys. 3 / 2 7 / 5 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) Pulsel Attending Med. Director Phys. 3 / 2 7 / 5 24D. LOCATION (City, town, or county) REMOVAL (Specify) 41. [7]				. //	yuna.				
23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 24D. LOCATION 10 town, or county	that (I) (we)	last saw the decease	d alive on	mand 2	3 19 //	ond the	ot in (my) (our) opinion de	oth occurred on the
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Buriel 41,171 arbutu mem. K. Balto. Wed							CATION	(City town	or county) (Sto
1200 and 11111			24C. NAME of			-	1 DT	Transfer of) (Sio
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C/FUNERAL DIRECTOR ADDRESS	Bure	10 4/1/2	1 arl	reter m	em. P	/ /	sallo	· uld	
the state of the s	25A. DATE REC'D	BY HEALTH DEPT.	258, NAME OF REC	GISTRAR	25C FUNE	RAL DIRECTOR	1 1	11	ADDRESS
MAD BI TO BELLE THE CONTROL OF ATRIAN OR 17XI MCC. 112K	LR CALL	THE REAL PROPERTY.	C. Walley &		Allace 1	AATUA	A) R 1	721/1/2	11.11.6 6

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V 1126 BALTI	MORE CITY HEALTH DEPARTMENT
BIRTH NO. I. NAME OF DECEASED BALTIN CER	
(Type or Pont)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	
WHERE PROMOUNCED DEAL	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	
INSTITUTION	C. CITY-OR TOWN D. INSIDE CITY LIMITS?
SINAL HOSPITAL OF BA	LTO Jalle YES NO
45	
12)	LEVINDALE
5. SEX 6. RACE 7. MARRIED NEVER MA	Last Different A Land Land Land Land Land Land Land Land
WIDOWED DIV	ORCED \0 - \5 - \870 \80
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OF	R INDUSTRY 11. BIRYHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	Mussed USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
han	
11001 L	anna
5. Was Deceased Ever In U. S. Armed Forces? 16-SOCIAL Yes, no or unknown) (If yes, give war or dotes of service)	17. INFORMANT ADDRESS
100	Hosp chart
18 CAUSE	OF DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	MEDIATE CAUSE PULMO NETRY EMBOLISM
Lines opes has the under or dated factor	MEDIATE CAUSE TULMONEFT EMOULIST
heart failure, asthenia, etc. II means the discussion injury ar camplication which caused death.	POST DEWETT NAILING OF
DISEASES OR CONDITIONS, If any, giving DUI	E TO, OR AS A CONSEQUENCE OF:
rise la the abave cause (A) stating the	E 10, OK AS A CONSEQUENCE OF:
UNDERLYING CONDITION last.	
	ETERNO SELEPOTIC LANDID-VAS. DIS
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ARENIC BROWN STUPPETT
disease or condition given in Part 1 (A).	COLONNY INSUFFICIENT
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA	ATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5-16-+1 A Fx (P) N	up NO
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN OR CONTRIBUTING CAUSE OF hame, loctor	NULY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) 13
DEATH (natify medical examiner)	
O 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCC	CURRED A 215 HOW DID INJURY OCCUR?
OF INJURY (APPROXI 3 - 24 - 21 No While At []	Not While I Fall from ted
71 111 11011 -	
22. I certify that (1) (this hospital) attended the deceosed	
that (I) (we) last sow the deceased alive an	28 19 21 and that in (my) (our) opinion death accurred on the date
and haur and from the causes stated above. (1) (We) (did)	
23A. SIGNATURE	23B, DATE SIGNED
Toldre S. Su.	Attending Med. Director Phys. U 3-28-27
23C.PHYSICIAN'S	DEGREE Phys. Director Phys. 23D. ADDRESS
NAME (Type) FDDIE C SAW	MP SINAT MOSFITAL
LUUIL 3. 30	DEGREE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEME	TERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
Burnal 3/28/71 O.L. Km	usser youl Bother Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS
AR 3 1 1971 Jake & Jakes (194)	Sylvan Louis & Son 9610 Reusensung
VS 150-REV. 1/1/68 // X Z O / Z	
V C	

IN And out of Various N.H.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7	BALTIMORE CITY	Y HEALTH DEPARTMENT	71 3120
7-6/0 71 3121	CERTIFICA	TE OF DEATH REG. NO.	17 2140
IRTH NO.		2. DATE AND HOUR OF DEAT	п
Type or Print) Mary F	inl-	3/28/7/	1050 P
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	ma Rallo.	5300
HOSPITAL OR ADDRESS OR LOCATION	00	C. CITY OR TOWN D. IN	NSIDE CITY LIMITS?
4601 Pall Mall	Rd	ballo	YES NO 🗆
90		E. STREET AND NUMBER 4601 Pall Ma	el Rd
SEX 6. RACE 7. MARE	RED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	VED DIVORCED	July 1, 1888 82	
DA, USUAL OCCUPATION (Give kind of work 10 B, XIN) one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	BIRTUPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTE
		Lith	USa
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	11 0 1	
		Hosp Charl	
18.4. 3 3. 11	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		Cerebral thrombos	S Queke
LEADING TO DEATH	(A) IMMEDIATE CA	USE	- Janes
(This does not meon the mode of dying, heart foilure, asthenia, etc. It means the dise	ose, DUE TO, OR AS	A CONSEQUENCE OF:	50-0-
injury or complication which coused death.)	Corch	val arterioscheros:	SENTE
ANTECEDENT CAUSES			3 gens
DISEASES OR CONDITIONS, if ony, gi		A CONSEQUENCE OF:	Sevent
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the wener	livel atterroschen	e year
11	(0/		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG		
TO THE DEATH BUT NOT RELATED TO THE TERMIN			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
WAS PERFORMED		N O IN CERTIFYING O	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)		nore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Whi		
(APPROX.)	Work At Work		
22. I certify that (I) (this hospital) attend	ed the deceased fram	19 to	114-06-28 1971
that (1) (we) last sow the deceased alive	an March 2	8 19 7 ond that in (my) ()	pinian death accurred on the do
and how and from the causes stated about			
23A. SIGNATURE	e: (1) (me) (ana) (ana mai)	view the body offer death.	23B. DATE SIGNED
Son Ith	AH	ending Med. Staff	0/29/21
Januar 101)	DEGREE Phy		13/-1/1/
23C. PHYSICIAN'S NAME (Type)	100	23D. ADDRESS Penk By	19/8-12.
The state of the s	July 101	, , , , , , , ,	10131 4.
	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
Benal 3/30/71	magen al	when Balto	- Mg
Bereal 3/30/71	C. NAME OF CEMETERY OF CR	when Balto	(City, town, or county) (Store)
Beneal 3/30/71	magen al	when Balto	- Mg

3/18/71 adm. 3214 Green mend Rd. 21209

Meadowridge Cemetery

VS 151-REV. 1/1/68

30

3 - 30 - 71

25B. NAME OF REGISTRAR

REMOVAL (Specify)

Burial

25A. DATE REC'D BY HEALTH DEPT.

Edw. S. MacNabb-301 Frederick Rd

25C. FUNERAT DIRECTOR

Elkridge-Howard Co.

ADDRESS

Md.

August 7,04

Saryland

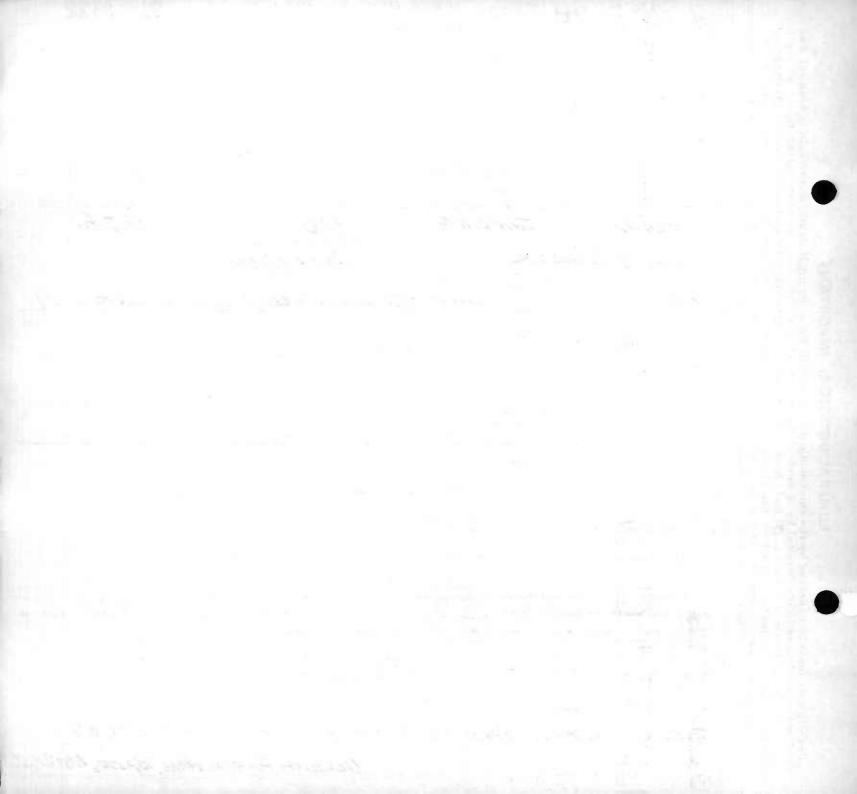
John J. Dauger

Marired Mary Mark Maldel

2103 3403 Mrs Janes L. Sauer 315 3. Catem lys

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approved by the chief medical examiner or his assistant it death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	dyl	0 0	h); and (6) No physician was in regular attendance on the deceased prior to death. Such	he i	ı
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bev	ho	nat	ept	9	aine	1
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t be	Sed	ent	spit	eat	USt	ı
mus	9 6	cid	ho I	10	al m	1
This certificate must be	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death	written approval must be obtained before the remains are embalmed or final disposition is made.	
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M 1/11 194 0	BALTIMORE CITY	HEALTH DEPARTMENT	,	71 3122
M-460 71 35	CERTIFICA	TE OF DEATH	REG. NO	T OTWA
NAME OF DECEASED		2 DATE AND	OUR OF DEATH	
Type or Print JACOB H. MIL	LER	3/29	/7/	15-25 P.M.
3. PLACE IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where &	eceased lived. If insti	tutions residence before admission)
METITUTION	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSIDI	E CITY LIMITS?
UNION MEMORIA	IL HOSPITAL	BALTIMORE E. STREET AND NUMBER		YES NO
44		4637 HARCO	WRT RD.	
	ARRIED NEVER MARRIED		GE (in years birthdoy)	Months Doys Hours Min.
	OWED DIVORCED	12/3/1806	84	
A. USUAL OCCUPATION (Give kind of work 108, K		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRYS
CLERK J.	MODING	MD.		0.J.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JACOB MILLER		ANNA MOO	5	
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of s	errice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
wo	215-09-3076	HENRY MILLER, G	815 COLLIN	STOALE RD 21284
18.	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	•			
LEADING TO DEATH (This does not mean the mode of dying	(A) IMMEDIATE CAL	SE METASTA	5/5	
heart failure, asthenia, etc. It means the d	iseuse,	A CONSEQUENCE OF:		
injury or complication which caused death		77	220-0	
ANTECEDENT CAUSES	(B) CANC	A CONSEQUENCE OF:	-HUDIE IY	
DISEASES OR CONDITIONS, If any, rise to the above cause (A) statis	Brattia non tol auton	A CONSEQUENCE OF:		
UNDERLYING CONDITION last	(c)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TER				
	X	120A Augoberg (Vos es Noll 2	OR TE MEN MARKE EIN	Notice CONSIDER
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	POR WHICH OPERATION	20A-AUTOPSY? (Yes or No.)	N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF	218. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If In Boltimore	City, give exact location)
DEATH (notify medical examined)	etc.)	ince dropp instant occord		
21D-TIME (Month) (Doy) (Year) (Ho	21E INJURY OCCURRED	21f. HOW DID INJUR	OCCUR	
OF INJURY (APPROX)	While At Not While Work At Work	• 🗆		,
22. I certify that (I) (this hospital) atte		116 /7/ 19	7/to	3/29/19/7/
	7 170/71	1/ 17 1		
that (i) (we) lost sow the deceased oil	-/-		in (my) Cont. obini	an death occorred on the dot
ond haur and from the causes stated at	nove. (I) (me) (did) (did not)	new the body after death.		23B, DATE SIGNED /
Millert Co 4		anding Med. Sto	# 🔯	3/29/7/
23C. PHYSICIAN'S	Phy DEGREE Phy	23 D. ADDRESS	3. 7.	-/ // //
NAME (Type)	WALE WAS	UNION MEMOR	RIAI HOS	SPITAL
4A. BURIAL CREMATION, 124B. DATE	DEGREE	EMATORY PARTIES		town, or county) (State)
REMOVAL (Specify)	Dag , will an Cel	METERY PROC	TIMALE CO	
DUNITE ITTI	1 Incharacture			
MAR 31 1971 (186.6 E.	NAME OF REGISTRAL	ULLRICH FUL	REPAL HAME	BALTO, NO. 2120



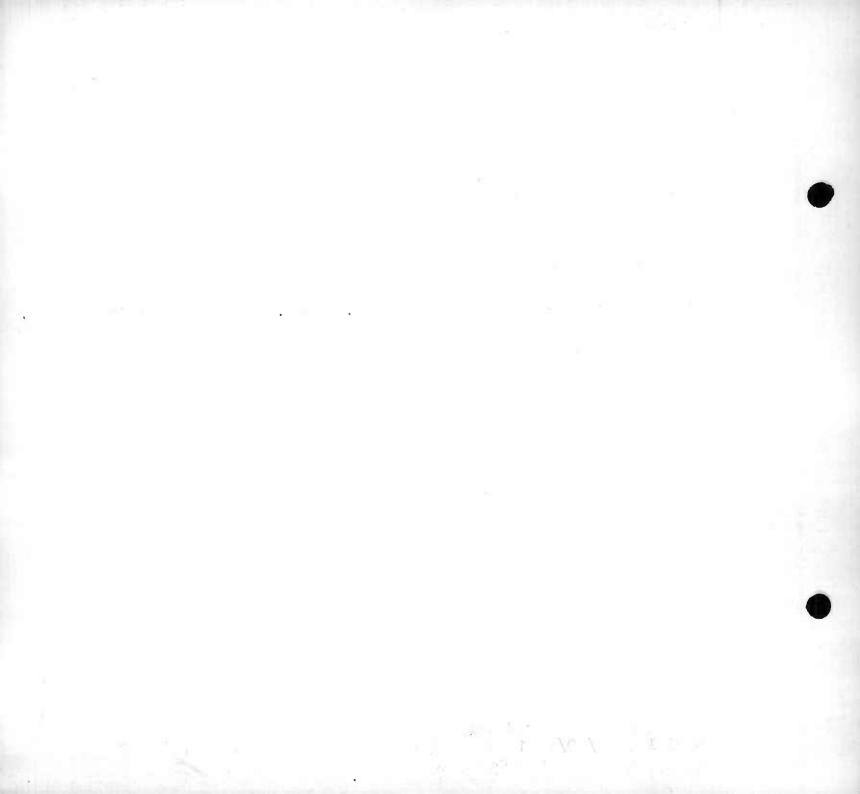
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BÍ	RTH NO.		3123	CERTIFICA	TE OF DEA	TH REG. NO	/1	3123	
ĮT,	NAME OF DECEAS	AULFUS		RUDOLPH	F. 2. D.	TE AND HOUR OF PEAT	H /	4.10A.M	
3.	PLACE IN BALTIMO	DRE MARYLAND, V	VHERE FRO	NOUNCED DEAD	4. USUAL RESIDENC	E (Where deceased lived. If	Institution: re	esidence before admission)	
II.	ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	ATIONI	STITUTION, GIVE STREET	C. CITY OR TOWN		LT IMO I		
	SINDI HE	SPITAL E	if ins	CHMORE INC	PACTIM		YES 🔀	< NO □	
4	12				SIOZ HA	MILTON ST #	± 212	207	
	MALE	WHITE	WIDOW		8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under Manths	Days Hours Min.	
10. do	A, USUAL OCCUPAT	TON (Give kind of worning life, even if retired)	108 KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State	or fareign country)	12. CITI	ZEN OF WHAT COUNTRY	
	Carpente			Building	Md.		U	. S.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME			
		nt Kaulf			Catheri	ine Schaeffe	r		
15. (Ye	Was Deceased Ever	in U. S. Armed Fores, give war ar date	rces? es of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	no			216-01-8669	Mrs.Bessie	L.Kaulfuss	5102	Hamilton St	
	18.	CONDITION DI	DECT V	CAUSE OF DEAT			- 31	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		DING TO DEATH	KECILY		1611801	CULAR FIBRIL		SECONDS	
	(This does not n	neon the mode of enia, elc. It means	dying, e	-9- (A) IMMEDIATE CAL	A CONSEQUENCE OF:	.2/3 (16-7			
		tion which caused		56,			- 1		
	ANTI	ANTECEDENT CAUSES				ART POILUR	e l	YEBRS	
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the								
	UNDERLYING CO		siding	(c) ATHEROS	CLEROTIC COL	2010UDSCUCDR T	32432K	YEARS	
_		11							
TION	TO THE DEATH BU	IT CONDITIONS CO	HE TERMIN	IG AL					
CERTIFICATION	19A-DATE OF OPE	ITION GIVEN IN PAI	RT 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WER	FINDINGS	CONSIDERED	
RTIF	0	WAS PER	FORMED			IN CERTIFYING C	AUSES OF E	DEATH?	
CAL	OR CONTRIBUTING	AS UNDERLYING CAUSE OF		21B PLACE OF INJURY fe.g., i home, farm, factory, street, a etc.)	n or obout 21 C. WHERE fice bldg., INJURY OCC	DID (If In Baltim UR?	ore City, give	exoct locotion)	
EDI	21 D. TIME IMO	nthi (Doy) (Year)	(Haud)	TE INJURY OCCURRED		ID INJURY OCCUR?			
×	(APPROX)			While At Work Work Not While At Work	° 🗆				
	22. I certify that	(1) (this hospita) attende	d the deceased from	3/17	19_7/_to	3/2	28 19.7/	
	that (I) (we) last	saw the decease	d alive o	n 3/28	197/	and that In (my) (our) o	Inion deat		
	and hour and fro	nd hour and from the causes stated abave. (i) (We) (did) (did nat) view the body after death.							
	23A. SIGNATURE 23B. DATE						1		
	fraullin Weinstein U.D. DEGREE Phys. Attending Med. Shoff 3 - 28/							-28/71	
	23C. PHYSICIAN'S NAME (Type)			*	23D. ADDRESS				
_	FRANKL		INSTE	OCOREL	SINA	HOSPITA			
	REMOVAL (Speci	yl		.NAME of CEMETERY of CRI	MATORY		City, tawn, a	r countyl (State)	
-	Burial	B-31-19		Lorraine		Woodlawn		Md.	
25	A. DATE REC'D BY	SCALIN DEPT.		E OF REGISTRAR	25C. FUNERAL DIR	Strong 3207	W N	orth Ave.	
F	150-REV. 1/1/68	The Ball		May K. R.	herronara	امعر عبيه عبو	11 0 21	0.011 210.,	

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C. Dreit Charles V. D. West With Arts. D.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0 11-	BALTIMORE CITY	HEALTH DEPARTMENT		m4 049A	
C-415 71 3124		TE OF DEATH	REG. NO	71 3124	
1. NAME OF DECEASED (Type of Print) Hazel S. Column		2. DATE A	March, 26, 7		
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOU	NCED DEAD	14. USUAL RESIDENCE IWI		nstitution: residence before admission)	
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		Mardano C, CITY OR TOWN	NTY	2006 SIDE CITY LIMITS?	
34 1 11.	1-1	Baltimore		YES NO	
Bon Secours Hoop	ital	3156 Str	ich land	St.	
5. SEX 6. RACE 7. MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Menths Doys Hours Min.	
Female W WIDOWED		7-21-04	last birthdoyl	Menths Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF	SUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY	
done during most of working life, even if retired)			/	1100	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		USA	
		1701 100	11		
John Shirreffs		Mary Me	Kay		
(Tes, no or unknown) lif yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
150 fes 1944- 1945	220-24-7051	Mr.JamesF.Co	lvin 3156	Strickland St	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATI	1	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
LEADING TO DEATH	(A)IMMEDIATE CAU	Mytantatica	arcinoma UU	nbrain. I man the	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		A CONSEQUENCE OF:		***************************************	
injury or complication which caused death.)		(- , 1	1 000		
ANTECEDENT CAUSES	(0)	(arcinoma	of acom	1 year	
DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF:					
tise to the above cause IA) stating the UNDERLYING CONDITION last.	(c)			· ·	
_ 11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		- Commander of the Comm			
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	ICH OPERATION	20A-AUTOPSY? (Yes or N	a) 208 tm vec turns	ENDING: CONCIDENT	
March, 2, 71 WAS PERFORMED	of acm.	-NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 1		or obout 21 C. WHERE DID	01 1- 0 10		
OR CONTRIBUTING CAUSE OF home, etc.)	form, foctory, street, of	ice bldg. INJURY OCCUR?	(II in Bollimo	re City, give exact location)	
21D-TIME (Month) (Doy) (Year) (Hour) 21E, II	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
I (APPRILIE)	At Not While		O'mag.		
Work	At Work				
22. I certify that (1) (this haspitol) attended the			.1710	March, 26 1971	
that (1) (we) last sow the deceased alive an			hat In (my) (our) opl	nion deoth accurred on the date	
and have and from the causes stated above. (1)	(We) (did) (did nat) vi	ew the bady after death.	_		
23A. SIGNATURE	T			238, DATE SIGNED	
Chumh Ornhoupa	y M.D. After	ding Med.	Stoff Phys.	March, 26,71	
23C. PHYSICIAN'S NAME (Type) CHUMSAK PRUI		3D. ADDRESS	Sicoum Hon,		
	DEGREE NE of CEMETERY OF CRE				
			CONTON (O	ty, town, or county) (Stote)	
Burial 3/30/1971 Wa	rrenton Ce	metery Wa	rrenton.V	irginia	
MAR 31 1971 Color C. Jackson	REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS	
WHILAT ISM! NOWON C. AUTOST.		G. Truman Sc	hwab 3512	Frederick Ave.	
/S 150-REV, 1/1/68					



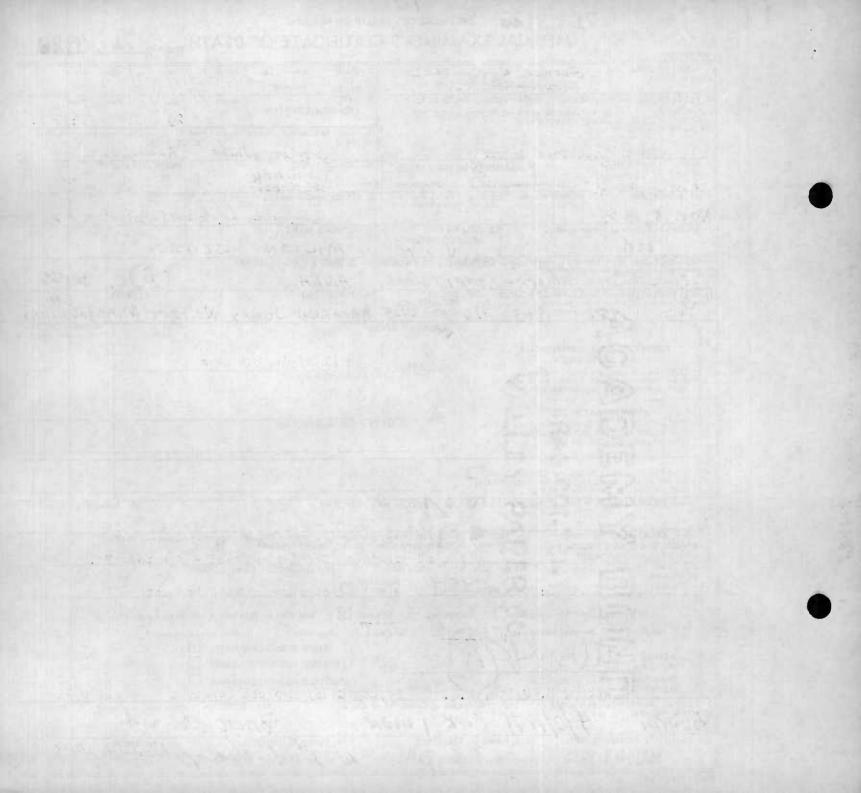
1	BALTIMORE CITY	HEALTH DEPARTMENT		71 3125	
TITH NO. 32 71 3	125 CERTIFICA	TE OF DEATH	REG. NO	T OTWO	
NAME OF DECEASED. Lentz		2. DATE AND	HOUR OF DEATH		
		The Helian Residence (Wit-		1 4: 15 Pm.	
PLACE IN BALTIMORE, MARYLAND, WHERE FR FULL NAME OF UF NOT IN HOSPITAL OR IN HOSPITAL OR MADDRESS OR LOCATION) NSTITUTION		Maryland C.CITY OR TOWN	Baltimor		
37 Mercy Hospital,	Inc.	Baltimore E. STREET AND NUMBER		YES NO	
		4300 Wentwor	th A v enue	21215	
	RIED NEVER MARRIED DIVORCED DO BUSINESS OR INDUSTRY	7-7-1877	9. AGE (In years ast birthday) 93 ga country!	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
one during most of working life, even if refired)		D 14:	2.6.1	77.0	
Farmer		Baltimore Co		USA	
FATHER'S NAME		IL MOTHER'S MAIDEN NAM	AE		
Henry Lentz		Marv	Wolf		
Wes Decessed Ever is U. S. Armed Forces? es, no or unknown) (iif yes, give war or dates of serv	ical SECURITY NO.	17. INFORMANT		ADDRESS	
NO	Second No.	Henry F Lentz	-4509 Denh	urst Avenue # 15	
118. // / 0 6/6 1	CAUSE OF DEAT		-150/1 0111	APPROXIMATE INTERVAL	
DISEASE OF CONDITION DIRECTLY		11/4 8.1.	May	BETWEEN ONSET AND DEATH	
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	sufficiency	A P	
heart failure, asthenia, etc. It means the dis-	edse,	my of my	excureros	See)	
njury or complication which coused death.)					
ANTECEDENT CAUSES (B)					
DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:			
UNDERLYING CONDITION last.	(c)				
11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).					
19A-DATE OF OPERATION 19E CONDITION WAS PERFORMED	try hered	20A. AUTOPSTS (Yes or No.	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218 PLACE OF INJURY (e.g., home, form, foctory, street, c	in or about 21C, WHERE DID ffice bidg., INJURY OCCUR?	(II In Baltimar	e City, give exact lacation)	
21D.TIME (Month) (Day) (Year) (Hous) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?		
OF INJURY (APPROXI	While At Wark At Work		,		
		-/5 ///	3/2	\$ /-// 10	
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive	7/2 0/01		ot In(my) (our) opl	nian death occurred on the date	
and haur and from the causes stated abo	ve. (1) (We) (did) (did not)	view the body after death.			
23A, SIGNATURE	MD AM	ending Med. Director	Staff Phys	3/28/7/	
23 C. PHYSICIAN'S NAME (Type) STUE 3	THE MD	23D. ADDRESS MERC	y Hos	a	
	4C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (C	ty, town, or county) (State)	
Burial 3-31-71	Woodlawn Ceme	tery B	altimore, M	laryland	
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
MAR 31 1971 24.68 30			heral Chap	el-4600 Liberty Ht	
\$ 150-REV. 1/1/68		122			

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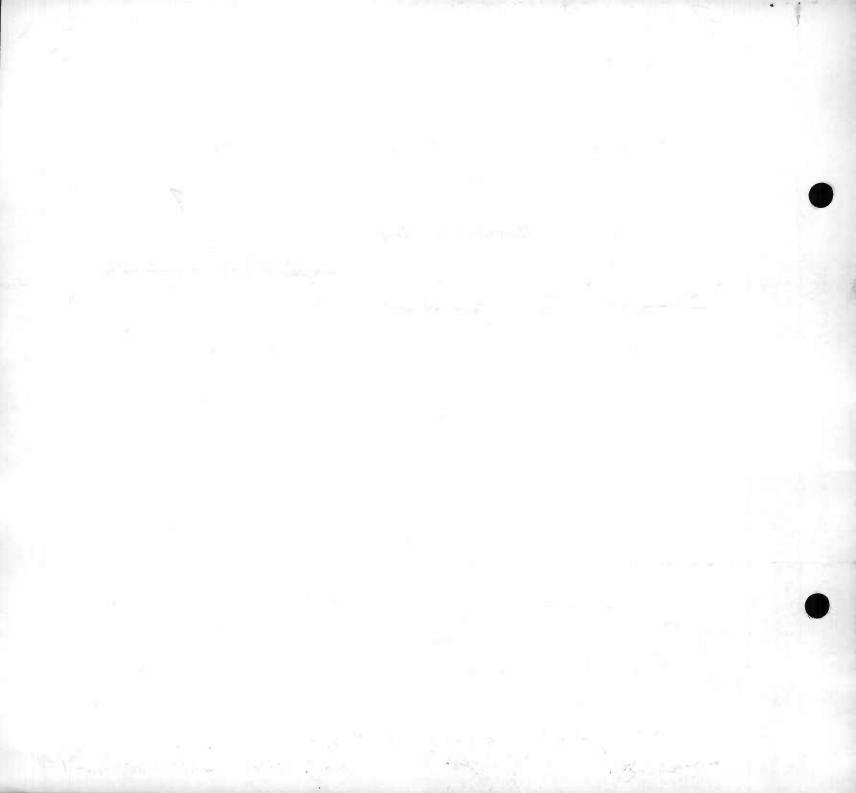
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1 /	W-32471	3126	BALTIMORE CITY					m1.4	
0		MEDICA	L EXAMINER'S	S CERTIFI	CATE OF	DEATH	REG. NO.	11	3128
-	RTH NO. NAME OF DECEASED	oth Date he	1 1.1 2 2 2 2 1	2. DATE	Known 🖾	44 1			T.
(Ty	pe or Print)	George W	V. WEITZEL	OF	Known 🖾 Estimoted 🗆	Month	Doy	Yeor	Hour
4.	PLACE IN BALTIMORE, MARY			3. DATE	Estimoted [Month	Dov	Yeor	Hour M.
FUL			STITUTION, GIVE STREET		UNCED DEAD		70.		7 00
	SPITAL ADDRESS	OR LOCATION)		S LISTIAL P	ESIDENCE (Where	3		/1	7:30 р. м.
12	13			I A STATE		R	COUNTY		a law ord and
6 4	South Balti				Maryland A	1927		MORI	3 4 3 6
	7. KACE		RIED NEVER MARRIED		DUNDALK		D. INSIDE CI		_
	nale White		WED DIVORCED		Baltimore-		YE	s 🔲 1	NO. 🖾
	los	AGE (In years at birthday)	If Under 1 Yr. II Under 24 Manths Doys Haurs		AND NUMBER	P			21
	ov. 18, 1934	36			6 E. Ship	Rd. 6	EASTS	HIP	Rd.
11.	BIRTHPLACE(State or foreign c	ountry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME				
	Md.		U,S.A		ILTON		TLEL		
done	.USUAL OCCUPATION (Give kin e during most of warking lile, even 1	d af work 14B. KIN I retired)	D OF BUSINESS OR INDU	STRY 15. MOTHE	R'S MAIDEN NAM	E	1.7	1	
	ELISCIRICIAN	HELLER -	STIELL MIG	RI AN	NA		(1		
16. (Yes	WAS DECEASED EVER IN U.S.	ARMED FORCE	S? 17. SOCIAL SECURITY NO.	18. INFOR	TNAM		AL	DRESS	SAME
	165 1959 -	-1963	216-30-216		ARA JONE	is WE	ITZEL	WIFE	ADDIRESS
	19. [8 5. 17]	1	CAUSE OF					APF	ROXIMATE INTERVAL
	DISEASE OR CONDITIO	N DIRECTLY						DE I WI	EN CHOEF AND DEATH
Н	LEADING TO DE		(A)IMMEDIA	ATE CALISE MI	ultiple in	juries			
	(This does not mean the macheart foilure, asthenio, etc. it n	neons the disease,	DUETO	OR AS A CONSEC					personal and another and an an an application of the second section of the section of the second section of the second section of the second section of the secti
	injury or camplication which co	oused death.)							
	ANTECEDENT CAL		(B)						
	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE	(A) STATING THE	E DUE 10,	OR AS A CONSE	QUENCE OF:				
2	UNDERLYING CONDITION	LAST.	(c)						
~1									
9	II.								
CATIO	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL	ATED TO THE TERM	MINAL						
TIFICATIO	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV	ATED TO THE TERM	WINAL						***************************************
CERTIFICATIO	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL	ATED TO THE TERM	WINAL	N WAS PERFORM	1ED			21. AUTOF	PSY? (Yes or No)
ū	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV 20A. DATE OF OPERATION 2	ATED TO THE TERM EN IN PART 1 (A)	WINAL	N WAS PERFORN	IED			21. AUTOP	SY? (Yes or No)
3	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV 20A. DATE OF OPERATION 22 22A. EXTERNAL CAUSE WA	ATED TO THE TERM EN IN PART 1 (A)	I FOR WHICH OPERATION	e.g., in or obaut 2	2C. WHERE DID (II	In Boltimore	City, give exac	yes	SY? (Yes or No)
EDICAL	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIVE 20A. DATE OF OPERATION 22A. EXTERNAL CAUSE WALL UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH.	ATED TO THE TERM EN IN PART 1 (A) 08. CONDITION S	I FOR WHICH OPERATION 22B. PLACE OF INJURY(home, farm, loctory, street, industrial pi	e.g., in or obaut 2 office bidg., etc.) it cemises 1	2C. WHERE DID (IF			yes tocation)	5300
MEDICAL	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV 20A. DATE OF OPERATION 2 22A. EXTERNAL CAUSE WAL UNDERLYING MORE CONTRIB	ATED TO THE TERM EN IN PART 1 (A) 08. CONDITION S	22B. PLACE OF INJURY(home, form, loctory, street, industrial pi	e.g., in or obaut 2 office bidg., etc.) if cemises]	2C. WHERE DID (II	Steel -	Sparro	yes tocation)	5300
MEDICAL	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIVE 20A. DATE OF OPERATION 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 29 71	ATED TO THE TERNIEN IN PART 1 (A) OB. CONDITION S (Year) (Hau	228. PLACE OF INJURY(home, farm, loctory, street, industrial pi pr) 22E.INJURY OCCURR	e.g., in or obavi 2 office bidg., etc.) il Cemises 2 NOLWHILE 2	2C. WHERE DID (III NJURY OCCUR? Bethlehem (Section 1971)	Steel ~	Sparro	yes Hocolion) OWS Pt	5300
MEDICAL	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIVE 20A. DATE OF OPERATION 2 22A. EXTERNAL CAUSE WAY UNDERLYING OF CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 29 71 23.	ATED TO THE TERNIEN IN PART 1 (A) 08. CONDITION (Year) (Hau	22B. PLACE OF INJURY(home, farm, loctory, street, industrial property) 22E.INJURY OCCURR WHILE AT WORK	e.g., in or obavi 2 office bidg., etc.) il Cemises 2 NOLWHILE 2	2c. WHERE DID (IF NJURY OCCUR? Bethlehem (2F. HOW DID INJU	Steel - ury occur tween b	Sparro	yes relocation)	5300
MEDICAL	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION [2] 20A. DATE OF OPERATION [2] 22A. EXTERNAL CAUSE WALL UNDERLYING [3] OR CONTRIBUTING [1] CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 29 71 23. I certify that I held	ATED TO THE TERNIEN IN PART 1 (A) OB. CONDITION (Year) (Hau 5:00 p	228. PLACE OF INJURY(home, farm, loctory, street, industrial pl pr) 22E.INJURY OCCURR WHILE AIT M. WORK	e.g., in or obavi 2 office bidg., etc.) il Cemises 2 NOLWHILE 2	2C. WHERE DID (III NJURY OCCUR? Bethlehem (Section 1971)	Steel - ury occur tween b	Sparro	yes relocation)	5300
MEDICAL	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIVE 20A. DATE OF OPERATION 2 22A. EXTERNAL CAUSE WAY UNDERLYING OF CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 29 71 23.	ATED TO THE TERNIEN IN PART 1 (A) OB. CONDITION (Year) (Hau 5:00 p	I FOR WHICH OPERATION 22B. PLACE OF INJURY(home, farm, loctory, street, industrial pl yr) 22E. INJURY OCCURR WHILE AT WORK	e.g., In or obaul 2 office bidg., etc.) If Cemises I	2C. WHERE DID (II NIURY OCCUR? Bethlehem (Sef. How DID IN)II Crushed be	Steel - URY occur tween b	Sparro	yes (Hocolion) DWS Pt	5300
MEDICAL	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION 1220A. DATE OF OPERATION 122A. EXTERNAL CAUSE WALL UNDERLYING MORE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 29 71 23. I certify that I held resulted from: Nature 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATED TO THE TERNIEN IN PART 1 (A) OB. CONDITION (Year) (Hau 5:00 p	228. PLACE OF INJURY(home, farm, loctory, street, industrial pl pr) 22E.INJURY OCCURR WHILE AIT M. WORK	e.g., In or obaul 2 office bldg., etc.) If cemises 1 cemises 2 NOLWHILE AT WORK (Autopsy X	2C. WHERE DID (II NIURY OCCUR? Bethlehem (Sef. How DID IN)II Crushed be	Steel - ury occur tween to s basis, d	Sparro	yes trocation) DWS Pt	5300
MEDICAL	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION [2] 20A. DATE OF OPERATION [2] 22A. EXTERNAL CAUSE WALL UNDERLYING [3] OR CONTRIBUTING [1] CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 29 71 23. I certify that I held	ATED TO THE TERNIEN IN PART 1 (A) OB. CONDITION (Year) (Hau 5:00 p	I FOR WHICH OPERATION 228. PLACE OF INJURY(home, farm, loctory, street, industrial pi or) 22E.INJURY OCCURR WHILE AT WORK Su Inspection Su	e.g., In or obaul 2 office bldg., etc.) If Cemi Ses ED	2C. WHERE DID (II NIURY OCCUR? Bethlehem (I 2F. How DID INJU Crushed bet and that an thi	Steel - URY OCCUR TWEEN b s basis, d ndetermine AMINER [Sparro	yes trocation) DWS Pt	5300
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MEDICAL	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIVE 20A. DATE OF OPERATION 2 22A. EXTERNAL CAUSE WAY UNDERLYING SOR CONTRIBUTION CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 29 71 23. I certify that I held resulted from: Nature EXAMINER'S NAME (Type) Werner	ATED TO THE TERNIEN IN PART 1 (A) 08. CONDITION (Year) (Hau 5:00 p an inquiry [rai causes]	I FOR WHICH OPERATION 228. PLACE OF INJURY(home, farm, loctory, street, industrial pl or) 22E.INJURY OCCURR WHILE AI M. WORK Inspection 24C. NAME of CEMET	Autopsy Autopsy Cicide How	2C. WHERE DID (III NIURY OCCUR? Bethlehem (2F. How DID INJU Crushed bei and that an thi micide U CHIEF MEDICAL EX STANT MEDICAL EX ICIATE MEDICAL EX LEF MEDICAL EX	Steel - URY OCCUR tween b s basis, d ndetermine AMINER [AMINER [AMINER [AMINER [L Examiocation	Sparro	yes location) DWS Pt. aplnlon 3/3 orgcounty)	DATE SIGNED
MEDICAL	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV 20A. DATE OF OPERATION 2 22A. EXTERNAL CAUSE WAY 22A. EXTERNAL CAUSE WAY UNDERLYING MORE UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 29 71 23. 1 certify that I held resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner 3. BURIAL CREMATION, 24B.,	ATED TO THE TERNIEN IN PART 1 (A) OB. CONDITION (Year) (Houses 5:00 p an inquiry [rai causes 7]	I FOR WHICH OPERATION 228. PLACE OF INJURY(home, farm, loctory, street, industrial pl or) 22E.INJURY OCCURR WHILE AI M. WORK Inspection 24C. NAME of CEMET	Autopsy Autopsy Asso	Crushed being the middle on the control of the cont	Steel URY OCCUR tween b s basis, d indetermine AMINER [AMINER [AMINER [L Exami OCATION LTO, (Sparro	yes tocation) DWS Pt applnion 3/3 or scounty)	DATE SIGNED 30/71 (Stote)
MEDICAL	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV 20A. DATE OF OPERATION 2 22A. EXTERNAL CAUSE WAA UNDERLYING MORTH OF CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 29 71 23. I certify that I held resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werne A. BURIAL CREMATION, MOVAL (Specify) DURING MORTH OF CAUSE WAA A. DATE REC'D BY HEALTH DESTINATION TO THE TENT OF CONTRIBUTION TO THE TENT OF CONTRIBUT	ATED TO THE TERNIN PART 1 (A) OB. CONDITION (Year) (Hau 5:00 p an Inquiry [ral causes] DATE OFFICE	I FOR WHICH OPERATION 22B. PLACE OF INJURY(home, farm, loctory, street, industrial pri yr) 22E. INJURY OCCURR WHILE AT WORK Inspection Accident X Su LA. M.D. 24C. NAME of CEMETI OHK LA	Autopsy Autopsy Chief ar CREMATO	Crushed being the middle on the control of the cont	Steel URY OCCUR tween b s basis, d indetermine AMINER [AMINER [AMINER [L Exami OCATION LTO, (Sparro	yes tocation) DWS Pt applnion 3/3 or scounty)	DATE SIGNED 30/71 (Stote)
MEDICAL	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV 20A. DATE OF OPERATION 2 22A. EXTERNAL CAUSE WAL UNDERLYING MORE CONTRIBUTION CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 29 71 23. 1 certify that I held resulted from: Natural SIGNATURE EXAMINER'S NAME (Type) Werner A. BURIAL CREMATION, MOVAL (Specify) 24B., MOVAL (Specify)	ATED TO THE TERNIN PART 1 (A) OB. CONDITION (Year) (Hau 5:00 p an Inquiry [ral causes] DATE OFFICE	I FOR WHICH OPERATION 22B. PLACE OF INJURY(home, farm, loclory, street, industrial property WHILE AT WORK Inspection Accident X Su 24C. NAME of CEMETI ORK AR	Autopsy Autopsy Chief ar CREMATO	Crushed being the middle on the control of the cont	Steel URY OCCUR tween b s basis, d indetermine AMINER [AMINER [AMINER [L Exami OCATION LTO, (Sparro	yes tocation) DWS Pt applnion 3/3 or scounty)	DATE SIGNED 30/71 (Stote)



7	71	312	BALTIMOR	E CITY HEA	TH DEPARTMENT			
1350		OTW	7	ICATE	OF DEATH	REG. NO	71	3127
BIRTH NO.	ASED					ND HOUR OF DEATH		
(Type or Print)	atTIMI C	ARL	0 10HN		1.1	/	7/1	6 45 0
3. PLACE IN BALT	MORE MARYLAND, W		de ran-	4, U	UAL RESIDENCE (WI	nere deceased lived. If in	stitution; re	6,45 PM.
				A. SI	ATE 8. COL	INTY		1/1/1
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR IN	ISTITUTION, GIVE STREE	T /	YORTOWN	BALTIMO D. INS	RE-	2091
INSTITUTION				ilc. Ci	YORIOWN	D. INS		prints.
4411110	11 11/5/10	010	2 HOSPITA	11 6 5	BALTIMO REET AND NUMBER	12 6	YES 🔀	NO L
101000	N PIEMU	1217	E Mountil	10 11.3	C 17 O . L	AAVENUE		
5. SEX 16	6. RACE	7			E OF BIRTH	9. AGE (In years		
1/	W		TED NEVER MARRIE		9-23-23	iost birthdoy)	Months	Doys Hours Min.
INA USUAL OCCU	BATION (Give hind of world	WIDOW	OF BUSINESS OR IND			40		
done during most of w	orking life, even if retired)	INE WINE	OF BUSINESS OR IND	USIKT 11. 81			12. CITI2	EN OF WHAT COUNTRY?
CHAU	FFER	Bei	thlehem 5	teel	MAR	YLAND AME CARME	A	MERICAN
3. FATHER'S NAM	E			14. N	OTHER'S MAIDEN N.	AME CARME	AM	ARILIE
1	EONARDO	00	4 TT , N) ,		010110			1410 (75)
	ever in U. S. Armed For			17. IN	FORMANT			ADDRESS
725	-					1100		ADDRESS
HA KNOW	VVI IVI II	-				HART		
18. 20	00		CAUSE OF	DEATH			1.	APPROXIMATE INTERVAL
	OR CONDITION DI	RECTLY						
1	EADING TO DEATH t mean the made of	duina	(A) IMMEDIA	TE CAUSE	SEPT!	CEHIA		4 YEARS
heart failure, a	sihenia, etc. Il means	the dise	ase, DUE TO,	OR AS A CON	SEQUENCE OF:			, , , , , , , , , , , , , , , , , , , ,
	lication which caused	deoth.)						
A	NTECEDENT CAUSES		(8)	ETIC	ULUM CE	LL LARCO	MA	
	CONDITIONS, if		ring DUE TO,	OR AS A COI	SEQUENCE OF:	********************		
	obave couse (A)	sloling	(C)					
			(0/************************************			***************************************		
OTHER SIGNIFIC	II ANT CONDITIONS CO	NTRIBUTIN	vG				i	
TO THE DEATH	BUT NOT RELATED TO THE NDITION GIVEN IN PAR	IE TERMIN	IAL	*****		***********		
19A. DATE OF	PERATION 198 CON	DITION F	OR WHICH OPERATION	20	AUTOPSY? (Yes or !	10) 208. IF YES, WERE	FINDINGS	CONSIDERED
	WAS PER	ORMED			NO	IN CERTIFYING CA	USES OF E	DEATH?
21A. A CCIDENT	WAS UNDERLYING		218 PLACE OF INJURY	(e.g., in or ob	ut 21C. WHERE DID	(II In Baltimar	e City, give	e exact lacation)
DEATH (notily n	nedicol exominei)		home, form, factory, sti	eet, altice blo	g., INJURY OCCUR?			
21D. TIME (Manth) (Day) (Year)	(Hour)	21E, INJURY OCCURRE	in.	21F. HOW DID IN	IIIII OCCUP	-	
OF INJURY	toy. (room	(1100)	and the second	t While	ZIII NOW DID IN	JOK! OCCOR!		
(APPROX.)			WORK A	Work				
22. I certify the	hat (1) (this hospital) attende	ed the deceased from	2	- 9	19 <u>7 / to 3</u>	- 2	6 19 2/
that (1) (we) 1	ost saw the decease	d olive o	on MARCHY	20	19ond t	hat In (my) (our) opli	nian deat	h accurred an the date
and hour and	from the causes stat	ed obove	e. (I) (We) (did) (did	nat) view ti	e body after death			
23A. SIGNATURI					, , , , , , , , , , , , , , , , , , , ,		23B. DATE	SIGNED
101	la Mo			Attending	Med.	Staff TX	11/2	1 - 1
23C. PHYSICIAN	S		DEGRE	Phys. L	Director L	Phys. 4	Ma	uh 26-19
NAME (Typ	e) /	- A T	00111	100. A	1 11 -	-1 11-11	0	
		EKI		DEGREE	UNIO	N HEHO	KIA	4 HOSPITA
AA. BURIAL CREM REMOVAL (Sp	ATION, 248. DATE	240	NAME of CEMETERY	or CREMATO	24D.	LOCATION (Cit	y, tawn, or	county) (Stote)
Burial			Gardens of F	aith C	meteru	Balto. Ad.		
SA. DATE REC'D			AE OF REGISTRAR	25	. FUNERAL DIRECTO	R		ADDRESS
MAR 31	1971 Juster &	, val	Sen ALD.	0 5	ohn (. hill	er Inc-6415	Belai	r Rd21206
C 150 BEV 1/1/60		-		10				



sab-58-66-49

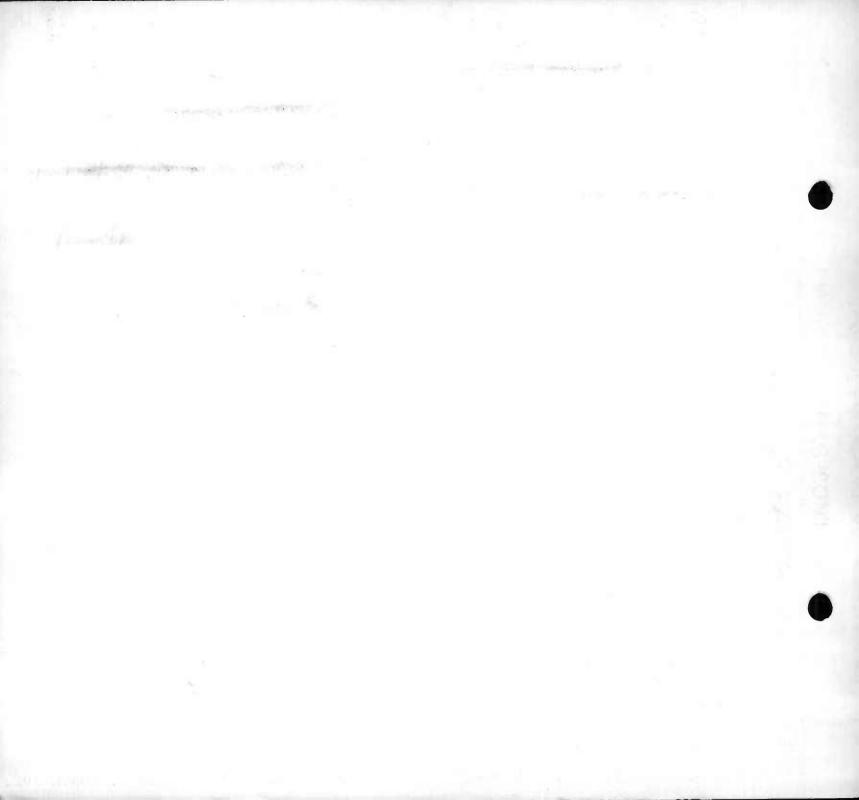
IMPORTAN

DIRECTOR:

FUNERAL

oclobes at rey- for clinic was Marthe Hall Rel. at Birth address was moravier Ph.

المستمالة بالمتاد المتلووة



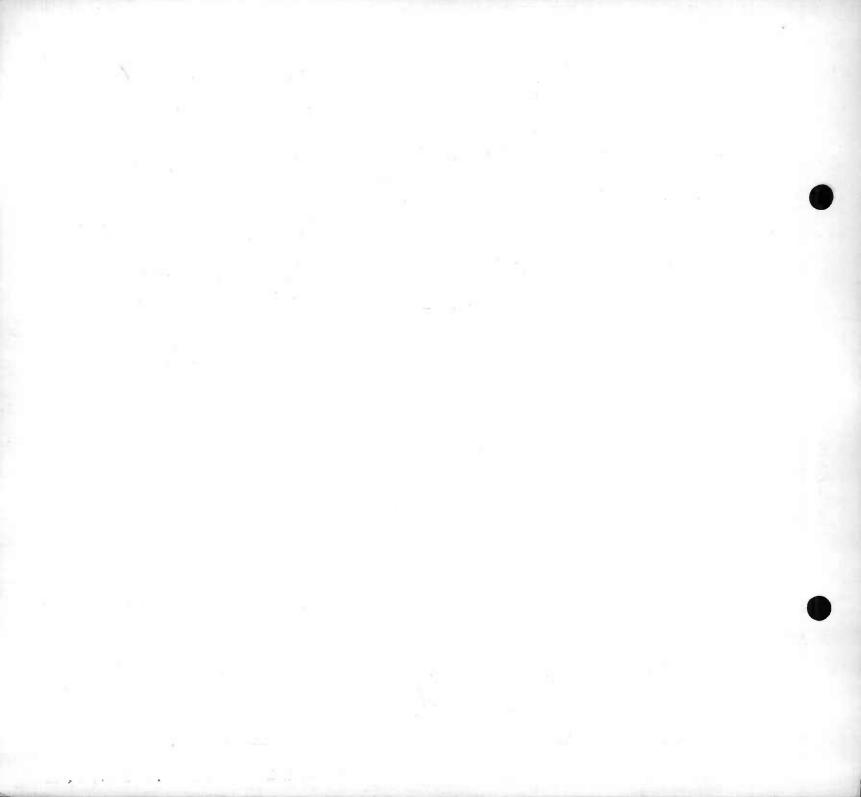
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

11 00				HEALTH DEPARTMENT		174 0420 A	
BISTH NO.	0 71	-313	30 CERTIFICA	TE OF DEATH	REG. NO.	71 3130.	
NAME OF DEC							
(Type or Print)	MARGARET	HE	NNESSY	,	ND HOUR OF DEAT	1 1.4	50.
3. PLACE IN BAL	TIMORE MARYLAND, WI	HERE PRONO	UNCED DEAD		ero deceased lived. I	f institution: residence before ad	mission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTIT	UTION, GIVE STREET	Baltuis C. CITY OR TOWN	ш	1202	2
1/1/ 11	11.	1	Hulibal	Hours law	d	YES NO	
77 W	way Mew	orial	Hospi lac	E. STREET AND NUMBER	rul st.		
S. SEX	6. RACE	- MAPPIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under	24 Mire
+	W	WIDOWED	DIVORCED T	8/6/87	lost birthday	Months Days Hours	Min.
fone during most of	WORKING life, even if retired)	IOB KIND OF	BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stale of fore	eign country)	12. CITIZEN OF WHAT C	DUNTRY
unknown				Maryland		USA	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME		
Thomas .	Hennessy			Elizabeth H	urlong		
5. Was Deceased	Ever in U. S. Armed Force	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	6	ADDRESS 21 22	9
no	, , , , , , , , , , , , , , , , , , , ,		214-38-9644	Mrs. Helen St	evens. 525	N. Loudon Ave.	-/
18.//3	. 7 1		CAUSE OF DEATH		, , , , , ,	APPROXIMATE IN	
DISEAS	E OR CONDITION DIRE	CTLY			4	BETWEEN ONSET AN	D DEATH
	LEADING TO DEATH	1.1	(A) IMMEDIATE CAU	SE Respuratory	arrest		
heart failure,	of mean the mode of a asthenia, etc., it means t	he disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
	plication which caused a	leath.)		1 1			
4	ANTECEDENT CAUSES		(B) Cereb	ral believe has	e + ashii	hoy Aueuway	17
DISEASES C	R CONDITIONS, if a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:			Merro
	G CONDITION last	staling the	(c)				
	II		(C/emassessessessessesses	***************************************	***************************************		
OTHER SIGNIF	CANT CONDITIONS CON	TRIBUTING					
OTHER SIGNIF	H BUT NOT RELATED TO THE ONDITION GIVEN IN PART	E TERMINAL	***************	***************************************		***************************************	
	OPERATION 19% COND WAS PERFO	TON FOR Y	WHICH OPERATION	20A AUTOPSYT (Yos of N	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
OR CONTRIBU	TING CAUSE OF	218. hom etc.l	PLACE OF INJURT le.g., ir e, farm, factory, street, of	or about 21 C. WHERE DID	(If In Baltin	nare City, give exact location)	
21D.TIME OF INJURY		(Hous) 21E.	INJURY OCCURRED	21F. HOW DID IN	UPT OCCUPY		
OF INJURY			le At Not While		oki occoki		
22. I certify	that (1) (this haspital)		n - III II dik		19 <u>7 </u> to	7/70 19	71
	lost saw the deceased		3/10			plinion death occurred on t	
				ew the bady after death.	,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
23A. SIGNATU						23B, DATE SIGNED	
	Cillian	-	- Dhue	iding Med.	Staff Phys.	3/30/71	
23C. PHYSICIA NAME IT	JACQUES	(<	DEGREE	3D. ADDRESS ULLION M	unovial	Hospital	
4A. BURIAL CRE	MATION, 248 DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D. L	OCATION ((City, town, or county)	Statel
Burial	1 / 10 / 100 1	N	ar Cathodral C				
SA. DATE REC'D	BY HEALTH DEPT. 2	SE NAME C	W Cathedral Correction	emetery Bal 25C. FUNERAL DIRECTOR	timore, Ma	aryland Address	
MAR 31	1971 Robert E.	Farber.	4.0, 0 h	Witzke, 4101			
S 150-REV. 1/1/6			***				



	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	oct or but or was was he d positi
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DRT/	assistif the ny kind de lance
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FUNERAL DIRECTOR: IMPORTANT	iner o
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DIR	ical e al e s; (3) is; (3) cian as in a cins c
SAL	medic burn burn shysi
NE	chief a n Body the p ysicie
F	tal by: (2) there lo phere befor
	ature ature pt w (6) N ined
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	M 2 34 34 34 34 BALTIMORE CITY HEALTH DEPARTMENT
	71 3131 CERTIFICATE OF DEATH REG. NO. 71 3131
	PAME OF DECEASED SOME FINE A LICIAL MAGAZINALA DA MANA MALE IN 150
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. USUAL RESIDENCE (Where deceased lived. If institution: lesidence belore admission) A. STATE B. COUNTY
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET WAY AND MAN (INSTITUTION)
5	C. CITY OR TOWN D. TINSIDE CITY LIMITS? YES NO
D.	WILLEVSILY OF MANYLAND HOSP 814 W. WOODINATON AND
5. :	WIDOWED DIVORCED 13/15/52 Nace tin years II Under 1 Yr. If Under 24 His.
don	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME Y
	William D. W. C. Geehan Wilhemma Hause 111
Yes	Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT Woodington Road ADORESS 229
-	18. CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the mode of dying, e.g., head failure, asthenia, etc. 11 means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)
<	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
RTIFIC	198. CANDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) 12B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
	22. I certify that (1) (this hospital) attended the deceased fram 3/7/ 19 7/ ta 3/29 19 7/
H I	that (1) (we) last saw the deceased alive an 3/2 and that in (my) (aur) apinian death accurred an the date
	and haur and from the causes stated above, (1) (We) (did) (did not) view the bady after death. 238, DATE GIGNED
	Abrua 1/2 AMNUX, M.D. D. Attending Med. Director Staff 3/20/7/
	NAME (Type) A SUN CLASS MADRESS AND LAND 23D. ADDRESS
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Advin, of county) (Stole)
	Burial 4/1/71 New Cathedral Baltimort, Md.
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
IM	AR 31 1971 Robert E. Kalley K. D. Witzke, 2101 Edmondson Av., Balto., Md. 21229



FUNERAL DIRECTOR:

7-600 71 3132	BALTIMORE CITY	HEALTH DEPARTMENT	p-a	M OLDO
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	1 3132
1.NAME OF DECEASED (Typo or Print) Charles Richar		2. DATE AND H	OUR OF DEATH h 30, 1971	1 1201 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Where de		on: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION	ION, GIVE STREET	Maryland		2758
PRTIFICATE AMENI	7FD-484	C. CITY OR TOWN Baltimore	D. INSIDE CI	
5805 Loch Raven Blvd	110 /9//	E. STREET AND NUMBER	YES	LT NO.
		5805 Loch Rav	en Blyd	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED			Inder 1 Yr. , If Under 24 Hrs.
WIDOWED WIDOWED	DIVORCED	5-7-1895 lost t	75 Mon	Inder 1 Yr. If Under 24 Hrs. Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State of largian co	puntryl 12	CITIZEN OF WHAT COUNTRY
Steel Worker Stee	l Mill	Trank Pa.	12.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Reuben Fear		Ellen Boylan		
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
Yes WII	18-54-33417	Mrs. Mary E	. Fear	Same
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		Hardin downtr	herend	. 10.
(This does not meon the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.)	(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF:	styven del	day
ANTECEDENT CAUSES	P	1 / 1		source
DISEASES OR CONDITIONS, if any, giving	(B) effec	ulcu + fulmo	sugesifier	era graces
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(c)	A CONSEQUENCE OF:	0 / /	
	0 4-1-1	al- Villata	41 111 1	***********************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Intestinal	Of student of	TA TA	1 min of
4 DISEASE OR CONDITION GIVEN IN PART 1 (A).	Taketal	Wells 1 100	mas	
132/10 + 930/12 WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or No.) 20B.	IF YES, WERE FINDIN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (o.g., in form, factory, street, offi	or obout 21 C. WHERE DID CO bldg., INJURY OCCUR?	(It in Boltimore City,	give exect location
OF INJURY (Month) (Day) (Year (Hour 21E IN	JURY OCCURRED	21F. HOW DID INJURY C	CCUR?	
(APPROX.) While Work	At Work	П		
22. I certify that (1) (this hospital) attended the		11/10/10	B 101 41 .	100
that (1) (we) lost saw the deceased alive on	/	19 71 and that In	my) (aur) apinian de	eoth occurred on the date
and haur and from the couses stated above. (1) (4	(did) (didinoi) vie			
23A. SIGNATURE			23 B. D	ATE SIGNED,
Lo Ichlerger	M LDEGREE Phys.	Med. Staff Phys.] 3	130771
Dr. Leo Schleng		6001 Loch Rav	en Blvd.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	ol CEMETERY of CREA	AATORY 24D. LOCATIO	ON (City, town	, or county) (Slote)
	Cathedral		imore,	Md.
MAR 31 1971 Rober E Jaben H		25C. FUNERAL DIRECTOR		ADDRESS 21212
VS 150-REV, 1/1/68		1 7008	TORK ROAD	Date.

4/8/71 - Correction form from funeral director.



IMPORTAN

DIRECTOR:

FUNERAL

Jenkins & Sons Co. VS 150-REV. 1/1/6B

NO T

U.S.A.

4905 York

If Under 24 Hrs.



	2124			HEALTH DEPARTMEN		71 3134
BIRTH NO.	1 3134		CERTIFICA	TE OF DEATH	1	
1. NAME OF DEC	Marie Hazel P	ist		2. DAT	and Hour of DEA!	9:00 A.
	TIMORE MARYLAND, V			A. STATE B. C.	Where daceased lived, If	institution: residence before admission
	e City Hospit		IN, GIVE SINEE!	C.CITY OR TOWN Baltimore	D. 11	VES P NO
	tern Avenue e, Maryland	21224		E. STREET AND NUMBER		21224
Female	6. RACE White	7- MARRIED 1	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.
	working life, even if refired)			11. BIRTHPLACE (State or Bang or		12 CITIZEN OF WHAT COUNTR
3. FATHER'S NA		SS		14 MOTHER'S MAIDEN	NAME	S
S. Was Deceased los no et unknown	Ever in U. S. Armed Fer Off yes, give war or date	s of service	SOCIAL SECURITY NO. 2-56-6305JI	17. INFORMANT BCH: Record		rn Avenderss , Maryland 21224
heart failure, injury or con DISEASES (rise to the UNDERLYING	net mean the mode of asthenia, etc. It means polication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last.	the disease, death.) any, giving stating the	100 Proba	CONSEQUENCE OF: LE CENELVA A CONSEQUENCE OF: LINSUM 20 LECTOR LECTO	l ruscular Rulin Eml Inorthumria	accident volus,
✓ DISEASE OR C	OPERATION 198 CON WAS BER	T 1 (A).	CH OPERATION	20A. AUTOPSY? (Yes	No 208 IF YES WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBI	NT WAS UNDERLYING	1 21R PF-6	CEFOF INJURY (e.g., i	or obout 21 C. WHERE DI	D (if In Boltic	nore City, give exect location)
21D.TIME OF INJURY IAPPROX.)	(Month) (Doy) (Yeas)	(Hous) 21E, INJ While A Work	Not While At Work		INJURY OCCUR?	
that (I) (we)	that (1) this hospita	ed alive on	3/27			3/27 19 7/
23A. SIGNAM	Moregla	ted above (D(W	MS DEGREE Phy		Stoff Phys.	23B. DATE SIGNED 3/27/7/
24A. BURIAL CRE	Douglas III		DEGREE OI CEMETERY OF CR		Avenue Balti	imore, Maryland 2122 (City, town, or county) (State)
Bura	BY HEALTH DEPT.	1 Bu	ex nax	IL Com	Bala YI	ADDRESS .
MAR		BE Jab	Lu 46 0	Joseph n.	Hornesso	263 S Conkley.

THE REAL PRINCIPLES OF THE PRI

writte

25A. DATE REC'D BT HEALTH DEPT.

MAR - 150-REV. 1/1/68

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1971

258 NAME OF REGISTRAR

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	2.0		BALTIMORE CIT	Y HEALTH DEPARTMENT	V	
BIRTH NO. 71	3136		CERTIFICA	TE OF DEATH	REG. NO	71 3136
1. NAME OF DECEASE (Type or Print)	LLOYD	STA	HM.	2. DATE A	AND HOUR OF DEATH	121 945
3. PLACE IN BALTIMO	RE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceosed lived. If in	stilution: residence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	Maryland	3110,	DE CITY LIMITS?
O A Could Co	anserla and un			Baltimore	3. 1113.	YES NO
/ //	onvalesariur ir Road – o			E. STREET AND NUMBER	Poul Dili	
5. SEX / 6. RA				600 Aldworth I		
male	White	WIDOWED		2/20/20	9. AGE (In years lost birthday) 5	If Under 1 Tr. II Under 24 Hrs. Months: Days Hours Min.
done during most of working Velder	g life, even if refired)		em Steel	11. BIRTHPLACE (State or for Baltim	ore, Md.	U.S.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
Henry Stahr	n			Irene	Keys	
5. Was Deceased Ever Tes, na or unknown) (If Te	es, give was as date	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	7.W. II		218-07-3453	Mrs. A	Anna Stahm 600	O Aldworth Rd. 21222
CThis does not me head loidure, asthe injury or complicate ANTEC DISEASES OR CONTINUE OF THE DISEASE OR CONDITION TO THE DEATH BUT TO THE DEATH BUT DISEASE OR CONDITION TO THE DEATH BUT DISEASE OR CONTRIBUTION TO THE DISEAS	nio, etc. II meons ion which coused CEDENT CAUSES ONDITIONS, if cover couse (A) NDITION lost. II CONDITIONS CONNOT RELATED TO THION GIVEN IN PART ATTON 198. CONTROL 198. CON	dying, e.g., the disease, death.) ony, giving stating the ATRIBUTING E TERMINAL 1 (A). DITION FOR V ORMED	(B) DUE TO, OR AS (C) Chrome Chrome WHICH OPENATION PLACE OF INJURT (e.g., in	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPST? (Yes or N.)	IN CERTIFYING CAU	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Characteristics INDINGS CONSIDERED ISES OF DEATH? City, give exoct lacotion)
DEATH (notify medic	al examined (h) (Doy) (Year)	etc.)	e, tarm, tactory, street, of	nce bidg., INJURY OCCUR?		City, give exact factions;
OF INJURT		Whi Wal		21F. HOW DID INJ	URY OCCUR?	/ /
22. I certify that (that (I) (was) last: and hour and from 23A. SLOTI AT URE	saw the deceased	alive on	3/2	7/ 7/		lon death occurred an the date
23C. PHYSICIAN'S	B Brade	14	OEGREE Phys.		Shaff Phys.	3/27/7/
NAME (Type)		0		3D. ADDRESS		
AA. BURIAL CREMATIO REMOVAL (Specify) Burial	N, 248 DATE 3/31/71		Oaklawn Ceme		ocation (City, Itimore, Mary	town, ar county) (State)

25C. FUNERAL DIRECTO

Joseph N.

ADDRESS

Conkling St.

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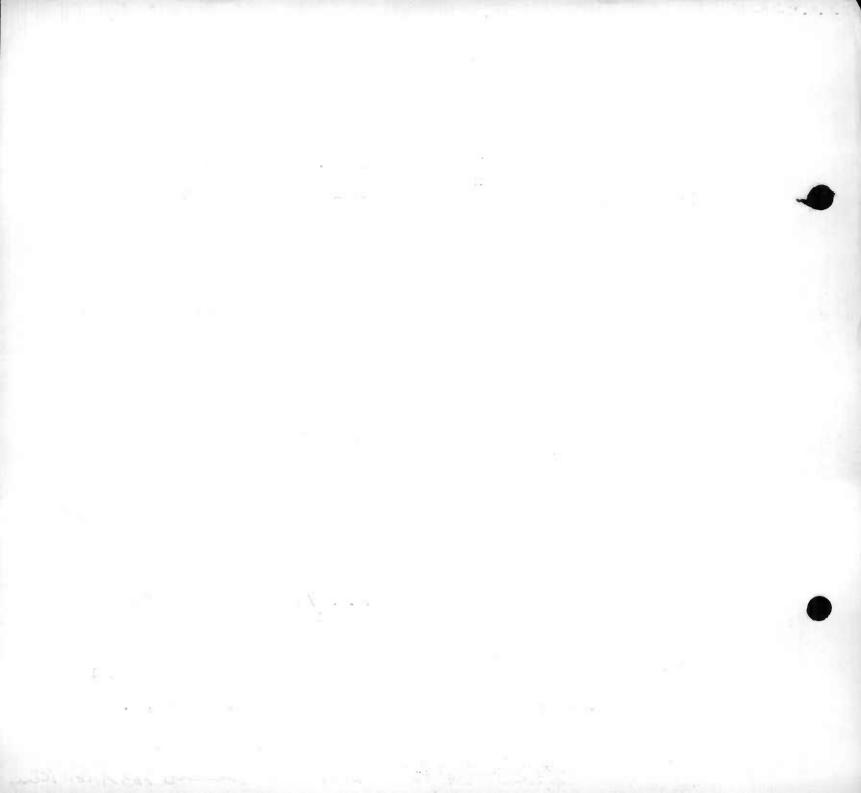
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reson IV. devrine, 263 S. Cerkillar IV.

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Carrier San J. Ref. of the first of

D.O.A.31-32-7	3	BALTIMORE CITY HEALTH DEPARTMENT
sab dand seed the seed seed seed seed seed seed seed se		CERTIFICATE OF DEATH REG. NO. 71 3138
pital and of death Deceases on the ath. Such	(T	NAME OF DECEASED SAMES V. GISTOIS 2. DATE AND HOUR OF DEATH 3 /30 /21 / 35 P
d igo o e t	3.	PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
hospinger (5)	FI H IN	ILL NAME OF OSPITAL OR INSTITUTION, GIVE STREET Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
l in a l ng cau cause; attend		Baltimore City Hospitals Baltimore YES NO
- U L		4940 Eastern Avenue E. STREET AND NUMBER
but ned ned	B =	Baltimore, Maryland 21224 126 S. Bouldin Street 21224
contribut ermined regular	E ,	Makked Never Makked Sever Makke
et ch	do do	LUSUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or loreign country) 12, CITIZEN OF WHAT COUNTRY?
P C S P	0	De No. Civis Uniter Dept. Retired Italy U.S.A
	a l	VINCE GISLOIS Carmella
AN Stant ind; eath	15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown (III yes, give wor at dotes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
assistant the dill th		2/309 NOGRecords: BCH-4940 Eastern Avenue 21224
s as any any and a		18. CAUSE OF DEATH APPROXIMATE INTERVAL
= E04 E07	3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
		(This does not meen the made of dying, e.g., heart lotture, astheria, etc. It means the disease,
0 = 0		injury or complication which coused death.)
		DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR AS A CONSEQUENCE OF: OR 2. Plo supplementation of the control of the
2 _ • O = . E .	5	rise to the obaye couse (A) stating the
edical dical urns; vsicia		UNDERCTING CONDITION last, (C)
	5 5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Nie hie hie hie hie he		19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CEPTEVING CAUSES OF DEATH?
FU he c (2) B re t phy	5 5	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, affice bldg., INJURY OCCUR?
Y = 5 S	S S	DEATH (notify medical examine) etc.)
(6) patus	MED	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) While At Not While At Work At Work
THE YEAR	5	22. I certify that (1) (this haspital) attended the deceased from D.O.A. 3/30 19 71 to 3/30/71
appropriate to the total control of articles (c)	D	that (1) (we) last saw the deceased alive an 3/30/ 19 71 and that In(my) (aur) apinion death accurred on the date
0		and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
der des		23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff 22 /20/77
relegion a		DECORE Phys. Director Phys. D
was An S	24/	23D. ADDRESS NAME (Type) Michael W. Pozen Process 123D. ADDRESS Baltimore City Hospitals 21224
A A A	24	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel
his certii he body hows: (1) ras D.O.	6	sureal +13/71 Holy Redeemer Belto, Md
This cert the bod shows: (was D.C	25	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
₩₩₩ 5°	11	MAR 31 1971 Best E. Jaken NO & Joseph M Zannero 33 Slon Klen

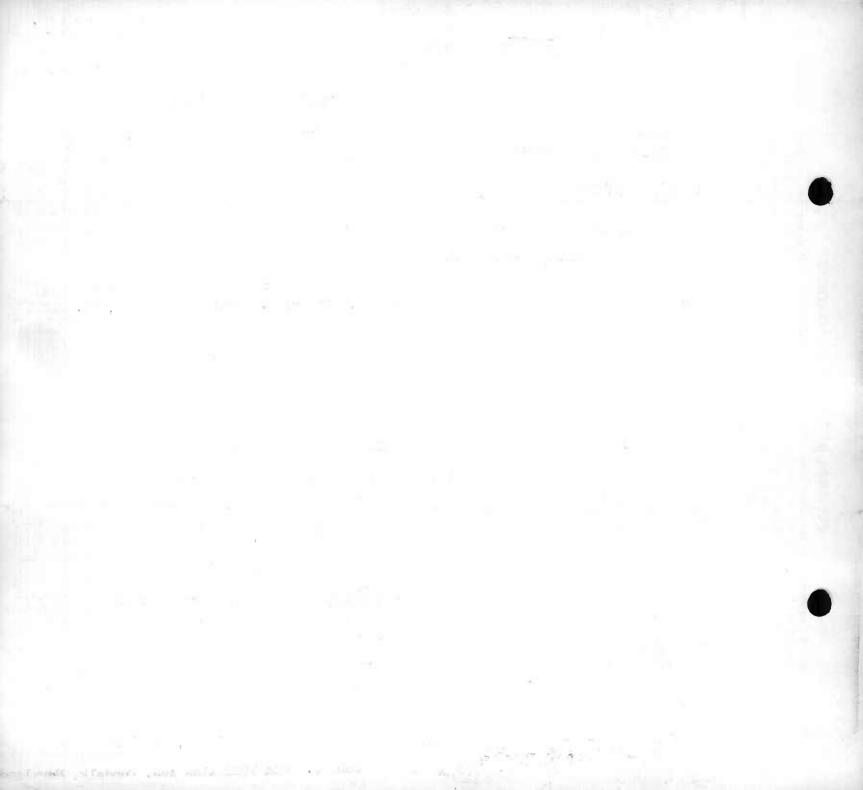


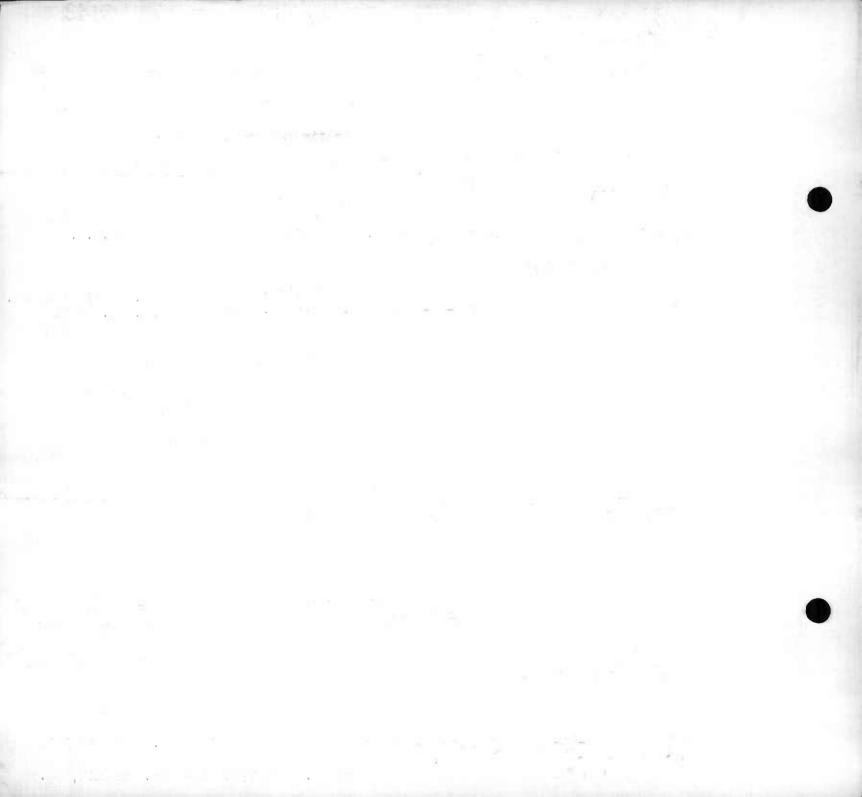
BIR	M-222 MEDICAL EXAMINER'S C	ALTH DEPARTMENT	F DEAT	H REG. NO	71	3189
1. 1	NAME OF DECEASED	2. DATE Known K	Month	Day	Year	Hour
(1Ab	Joseph Miseiwojeski	OF DEATH Estimoted	□ 3	28	71	7:00р м.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE PRONOUNCED DEAD	Month 3	Doý 28	71	7:00 p
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	5. USUAL RESIDENCE (W		ved. If institution:		М.
	Johns Hopkins Hospital	A. STATE B. COUNTY D. INSIDE CITY LIMITS?				
6. 5	malo White					
	DATE OF BIRTH 10 AGE (In years If Under 1 Yr. If Under 24 Hrs.	Balto. E. STREET AND NUMBER		YE	s 🖾 N	<u>оЦ</u>
	July 15, 1902 lost birthdoy) Months Doys Hours Min.	135 N. Luz				
11.	BIRTHPLACE(State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME		Misciwo	ieski	, - 41
144	USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY			14004110,	JOURIL	
done	Watchman City of Baltimore		Constand	ce ?		
16. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? In o c unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO 212-10-8999	18. INFORMANT Wife Mrs. Sophie K.	•		DRES7310 Balto.	Stratton
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE C	тн Arterioscler			APPR BETWEE	MO 2124 OXIMATE INTERVAL IN ONSET AND DEATH
NO	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:				
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	tiple injuries	1 ti m ti Shi ti ti ti Shi ti S S S S S S S S S	******	native although some alter som somewhile som with some video which solds some	
RTI	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	-		21. AUTOP	SY? (Yes or No)
Ö	9 /				ye	s
222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout INJURY OCCUR? 135 N. Luzerne St.						
	(APPROX.) 3 23 /1 0:03 WORK AT V	YORK GOWII MX	x stairw	ay.		
	resulted fram: Natural causes Accident X Suicid		Undetermi AL EXAMINER	death in my o	j	DATE SIGNED
	EXAMINER'S NAME (Type) Peter Lipkovic, MD	ASSOCIATE MEDIC	AL EXAMINER	***	3/	29/71
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		4D. LOCATION		, or county)	(Stote)
0.5	Burial 4-2-71 St. Stanisl			more, Ma		
25.	AR 31 1971 Public C. Tabley & B.	John J. Du			Hudso	n St. d. 21224
VS	151-REV. 1/1/68					

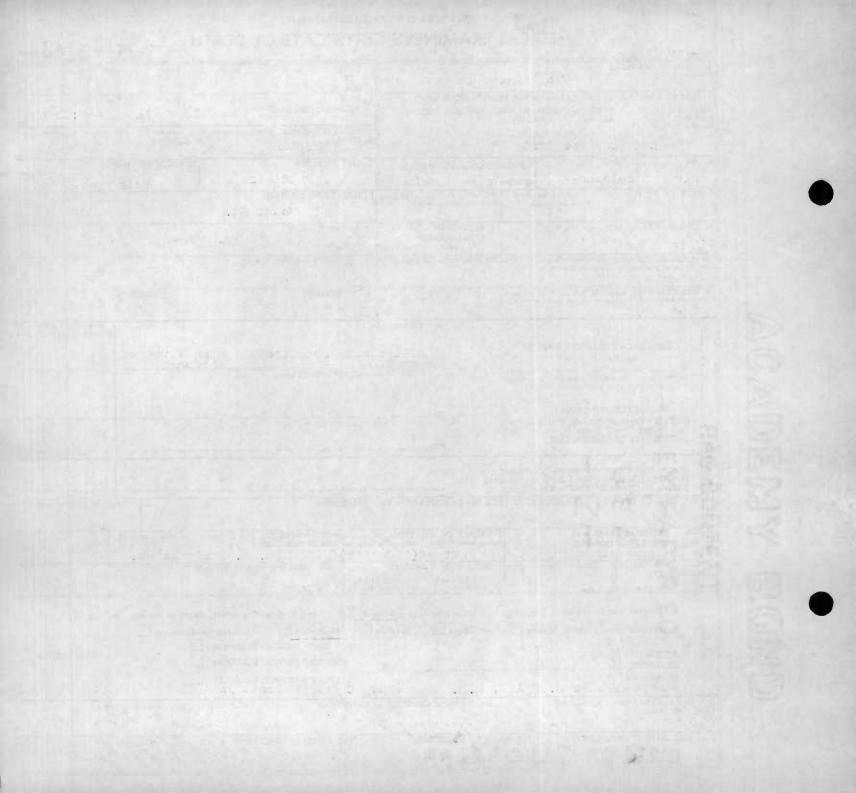
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B-632 71 31	AII	TE OF DEATH	X REG. NO.	71 3140
1. NAME OF DECEASED / Louis Bridg	eman,	2. DATE AN	NO HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ridgeman	3/2	7/7/	6:35 A,
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	A. STATE B. COUN Maylan C. CITY OR TOWN	(Baltimor	isitution: residence belore odmission re 5 3 0 0
Maryland General H	Ospital	Dundalk E. STREET AND NUMBER	1 1	YES NO E
5. SEX 6. RACE 7. MARE MIDO		8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working lile, even if refired)		11. BIRTHPLA CE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Con Succi ou.	Wast V	rginia	I U. J. of
Charles D. Bridg		14. MOTHER'S MAIDEN NA!	Augusta Zi	ierott
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO.	Caroline Ka	(kowski	1930 Sunbery Rol.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	ronic humph	atic lenk	SETWEEN ONSET AND DEATH
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the diseringury or camplication which coused death.) ANTECEDENT CAUSES		CONSEQUENCE OF:	**************************************	
DISEASES OR CONDITIONS, il any, giv rise la the abave cause (A) stating UNDERLYING CONDITION tost.	ing DUE TO, OR AS A	A CONSEQUENCE OF:	14 avr collaboração de constança de cons	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG.			***************************************
19A DATE OF OPERATION 19B CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in home, farm, factory, street, offi- etc.)	ar about 21 C. WHERE DID	(il in Boltimare	City, give exact location)
(APPROX)	21E INJURY OCCURRED While At Work Not While At Work	21F. HOW DID INJU	IRY OCCUR?	
22. 1 certify that (1) (this hospital) ottende that (1) (we) ost saw the deceased alive o	d the deceased from		9 7/10	In death occurred on the date
ond haur and from the couses stated above 23A. SIGNATURE		7		23B, DATE SIGNED
23C.PHYSICIAN'S NAME (Type)	DEGREE Phys.	Med. Sirector P	hys.	3/27/71
K. Isuk	camo to DEGREE	Maryland	General	Hospital
44. BURIAL CREMATION, 24B. DATE 24C Burial 3-30-71	Moreland Memoria		CATION (City, Ltimore, Mar	, town, or county) (State)
MAR 31 1971 Police F 300	E OF REGISTRAR	John J. Duda 7		ADDRESS
\$ 150-REV. 1/1/68				









	B-620 71 314	BALTIMORE CITY	HEALTH DEPARTMENT	74 2444					
	BIRTH NO.	* CERTIFICA	TE OF DEATH REG. NO	71 3144					
	1. NAME OF DECEASED (Type or Print) NALING Bro	OKs	3-24-7/	725					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	- ' ' ' ' '	4. USUAL RESIDENCE (Where deceosed lived, If	institution: residence before admission)					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	Md	ISIDE CITY LIMITS?					
	46 Sutheran 1	HOSP	BOLTO, E. STREET AND NUMBER	YES NO					
		/ - / -	1832-W-BOILIOMORE, ST						
is mad	T N WIDOWED		12-01-23 9. AGE (in yoors lost birthdoy)	Months Doys Hours Min.					
disposition is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF doing during most of working life eyen if retired)		11. BIRTHPLACE (State or foreign country) Now Pows None Va	12. CITIZEN OF WHAT COUNTRY?					
osi	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	4					
lisp	HARRY LAMBERT		GENEVA BELL						
final	15. Was Deceased Ever in U. S. Armed Forcos? (Yes, no or unknown) (If yes, give wer or dotes of service)	SECURITY NO.	17. INFORMANT	ADDRESS					
Ę.	18, 4, -24 (2) , 11	CAUSE OF DEAT	Flización Parceips	APPROXIMATE INTERVAL					
o pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	S) 1	BETWEEN ONSET AND DEATH						
balmed	LEADING TO DEATH (This does not meon the mode of dying, e.g., heart loilure, asthenia, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE W w a y w bound of S W bound of								
e m	ANTECEDENT CAUSES								
s are	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) Pup fruid appending to both conditions to the condition of t								
nair	y								
9	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
e the	19A, DATE OF OPERATION 19B, CONDITION FOR V	vhich operation	120 A AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?					
before the remains	U 21A. ACCIDENT WAS UNDERLYING 218.	e, form, foctory, street, of	n or obout 21 C. WHERE DID (If In Boltim fice bldg., INJURY OCCUR?	ore City, give exoct location)					
ained	I I I I I I I I I I I I I I I I I I I	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
tair	(APPROX.)		° 🗆	212 2/					
obt		22. I certify that (I) (this hospital) attended the deceased fram							
t be	and hour and from the causes stated above. (1) (We) (Ald) (did not) view the body after death.								
must	23A. SIGN ATUE	(ne) (ala har) v	new the body differ death.	23B, DATE SIGNED					
	Mun Uyua	Jewa Phys	Inding Med. Shoff Director Phys.	3-24-11					
approval	SUNAN VONGK	ASENSIRI	LUTTERAN H	08P.					
ם מל	24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CRE		City, town, or county) (State)					
written	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME O	+ HUDUR	12	1,					
W	MAR 31 1971 RELE	e. Bey 14.0	Man far Aldry L	Sh gilmer St					
	VS 150-REV, 1/1/68								

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Elizaria Frances manged Rome Car

VS 151-REV. 1/1/68

Howard H. Hubbard, 4107 Wilkens Ave. 21229

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VS 150-REV. 1/1/6B

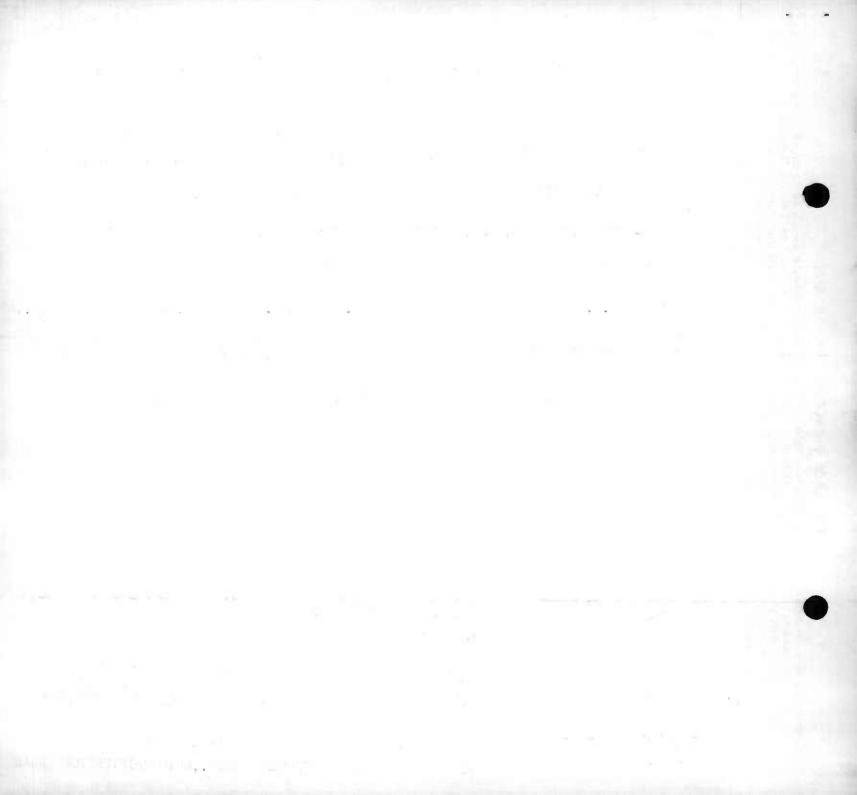
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1	24	16 71	314		HEALTH DEPARTMENT	250 110	71 2447
BIR	TH NO.		OTA	" CERTIFICA	TE OF DEATH	REG. NO	17 014/
	o or Print)	LOUIS EXI	ER			AND HOUR OF DEAT	H IN LIVIA
3. 1	PLACE IN BAL	TIMORE, MARYLAND, V		INCED DEAD		here deceased lived. If	institution: residence before admission
HO	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU ATION)	THON, GIVE STREET	MARY LAND		NSIDE CITY LIMITS?
4	2 SIN	AI HOSPITAL			BALTIMORE E. STREET AND NUMBER	LVEDERE AVEN	YES NO
5. S	EX	6. RACE	7- 44 A DD-CD [Targues masses (T)	8. DATE OF BIRTH	9. AGE (In years	
	MALE	WHITE	WIDOWED !		APRIL 1. 1891	last birthday)	Months Doys Hours Min.
OA.	USUAL OCCL	PATION (Give kind of wor			11. BIRTHPLACE (Stoto of fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	GROCERY		SELF	EMP LOYED	RUSSIA	AAAE	USA
	AARON I						
5. V		Ever in U. S. Armed Fo.	rces?	1 6. SOCIAL	HINDA 17. INFORMANT	?	3228GGA
Yes	, no ar unknawn)	(If yes, give war at date	s of service)	SECURITY NO.			ADDRESS
	NO	2 0		CAUSE OF DEAT		EXLER, 7418	KALTON CT. #21208
RTIFICATION	(This does no heart failure, injury ar came A DISEASES Ouise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO	LEADING TO DEATH of mean the mode of asthenia, etc. if means plication which caused .NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. CANTCONDITIONS CO 18 DUT NOT RELATED TO T NOT RELATED TO T NOT RELATED TO T NOT RELATED TO T NOT STAND THE AST TO TO WAS PER T WAS UNDERLYING T WAS UNDERLYING	any, giving sfoling the MTRIBUTING HE TERMINAL I 1 (A). DITION FOR MED	(B) DUE 10, OR AS (C) OPERATION PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or or or obout 21C, WHERE DID fice bidg, INJURY OCCUR?	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
ပြ	DEATH (notify	medical examiner) (Manth) (Day! (Year)	elcJ	fNJURY OCCURRED	21F. HOW DID IN	ATTION OCCUPS	
5 ľ	OF INJURY (APPROX.)			e At Not White		GORT OCCOR!	
	that (I) (we)	the of Ba) attended the	(We) (did nat) v	lew the bady after death		pinian death accurred an the date
	WAME (Ty	pel					
24A.	REMOVAL IS BUR IA	AATION, 248. DATE Secify! 3-28-7		ME of CEMETERY OF CRE SINAI BENEVO			City, town, ar county) (State) MARYLAND
25A.	MAR 31	1971 Rabana	25B. NAME OF		SOLLEV INSON		REISTER STOWN ROAD

4. 11 grand Alt Great Land the same and the same of the The transfer to the same of the same and the second of the standards 0.70 ET TO THE LONG TO 11-3 Will have been also to the first of the

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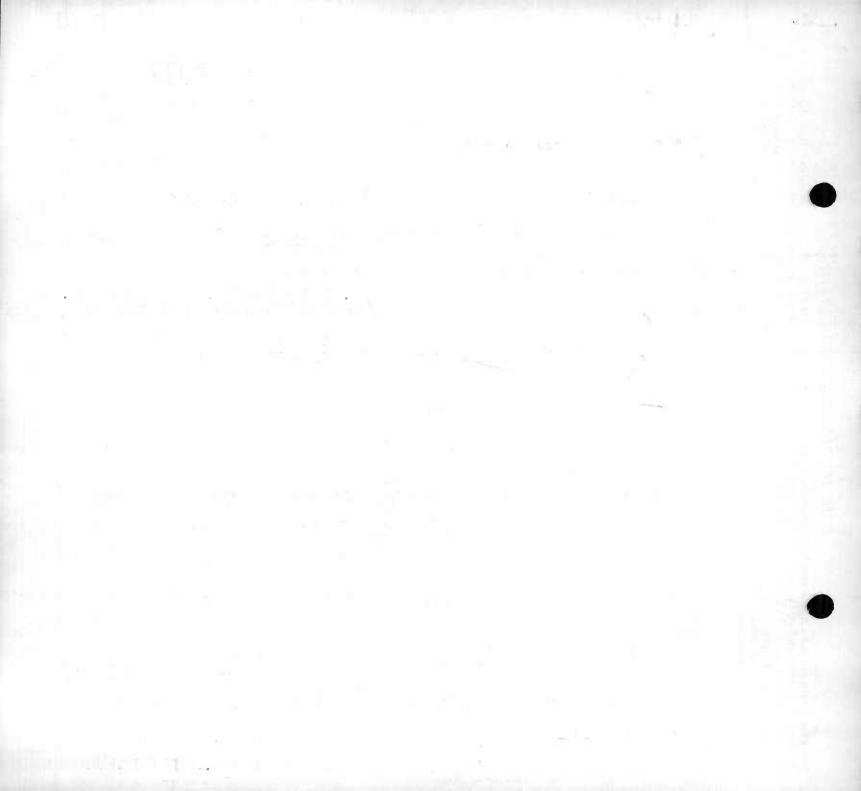


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DIRECTOR:

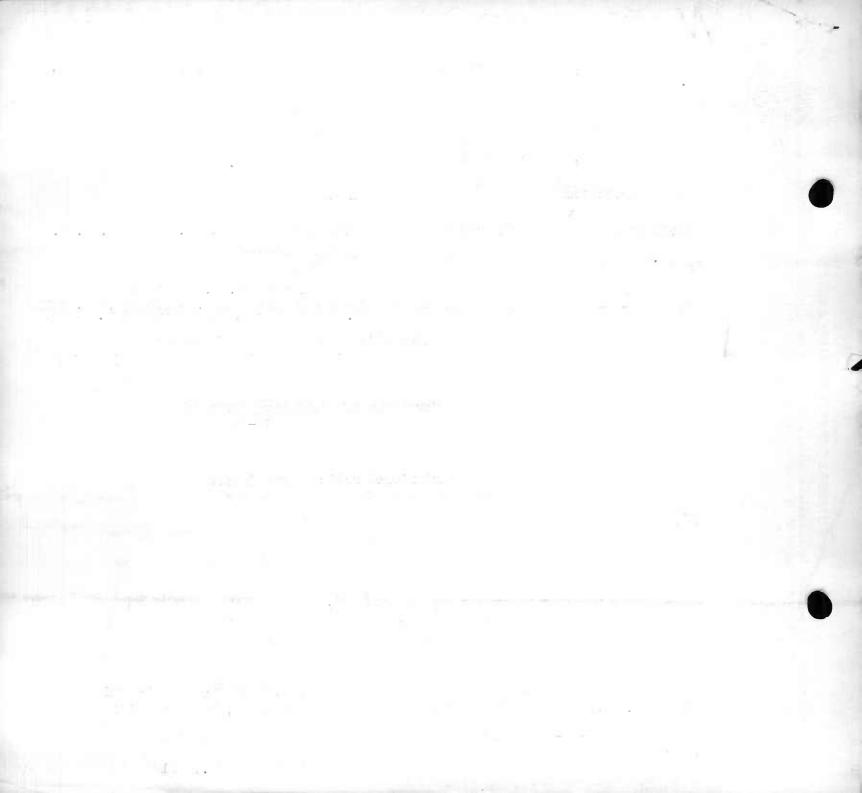
FUNERAL

VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

M-255 71 3	74 1411	TE OF DEATH REG	g. No. 71	3150 31 5 0
1. NAME OF DECEASED Type or Print) NACHMAN, FRANKI	TH ENWYERS	2. DATE AND HOUR C		r.rop
3. PLACE IN BALTIMORE MARYLAND, WHERE	E FRONOUNCED DEAD	March 25 4. USUAL RESIDENCE (Where doceosed	lived If institution:	7:50P. M.
HULL NAME OF ADDRESS OR LOCATION Veterans Administ 2 3 3900 Loch Raven B		Maryland c. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INSIDE CITY L	2740 IMITS?
Baltimore, Maryla	and 21218	6128 Stuart Ave.		
Male XXXXXXXXXXX WI	ARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 1-29-13 9. AGE fin lost birthdoy 58	yeors If Unde Months	Property of the Property of th
	KIND OF BUSINESS OR INDUSTRY ACCOUNTING	11. BIRTHPLACE (Stote or foreign country) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME H. Lewis Nachman		Ada Witz		
15. Was Deceased Ever in U. S. Armod Forces? (Yas, no or unknown) (If yes, give wer or dotes of single or	19-45 215-09-9821	17. INFORMANTA GOODOR SACKIE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ŔĸġĸĠĠŖĸĸ ĸĸĸĸĸĸĸ	ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying heart lailure, aslhenia, etc. if means the cinjury or complication which caused death	g, e.g., (A) IMMEDIATE CAU	ic Carcinoma to Mening E Spine and Brain CONSEQUENCE OF:	1	approximate interval between onset and death 3 Months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stolin UNDERLYING CONDITION last.	(C)	a of Right Lung Resectors 10-68	ted	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART I (A) 199. DATE OF OPERATION 198. CONDITION WAS PERFORMED WAS PERFORMED TO THE PROPERTY OF	MINAL Arteriose N FOR WHICH OPERATION	lerotic Heart Disease	S WERE EINDINGS	CONCIDENTA
WAS PERFORME	ED	Yes IN CERTIF	S. WERE FINDINGS YING CAUSES OF D	DEATH?
OR CONTRIBUTINO CAUSE OF DEATH (notify medicol expminer)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, offi etc.)	or obout 21 C. WHERE DID (IF I	n Boltimore City, give	exect location)
[APPROX]	While At Work Not While At Work	L.	?	
22. I certify that () (this haspital) atte	ve an March 25,	1971ond that in (##y) (March 25,	19
and haur and fram the couses stated ab	pove. (OXWe) (did) (Ald not) vic	w the bady after death.		
	DEGREE Aften.	ling Med. Staff Director Phys.	23B, DATE	SIGNED
YOUNG E. CHUN		D. ADDRESS 3900 Loch Ray	7	
	24C. NAME of CEMETERY OF CREM	Baltimore, Market Baltimore, M	(City, town, or	
	IAME OF REGISTRAR	SOL LEVINSON & BROS		ADDRESS STERSTOWN ROAI



0	BALTIMORE CIT	Y HEALTH DEPARTMENT		mul	0.154
V-150 71 3151	CERTIFICA	TE OF DEATH	REG. NO	/1	3131
I. NAME OF DECEASED			AND HOUR OF DEAT	Н	
(Type or Print) Joseph Prol	OWAL		-25-71	1	9.30 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROHOUS	NCED DEAD	A. STATE B. CO	there deceased lived. If		ence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	A. STATE B. CO MARYLAND		SIDE CITY LIMIT	5300
	ITAL	BALTIMOR		YES	NO X
THE JOHNS HOPKONS HOSP	TIME	E. STREET AND NUMBER			
		7525 BEL	AIR ROAD		
S. SEX 6. RACE 7. MARRIED X	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Do	Yr. If Under 24 Hrs. Bys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF I		7-1-96 Y 11. BIRTHPLACE (State of t	lateign country!	12, CITIZEN	OF WHAT COUNTRY?
done during most of working life, even if refired)	D	74 - 7		77.0	
Machinst Aberdeen 13. FATHER'S NAME	Proving Gr.	Italy 14 MOTHER'S MAIDEN N	NAME	U.S.	Α.
JOSEPH PIOVANO)	MARYANN BOZ			
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service)	& SOCIAL SECURITY NO.	17. INFORMANT		A	21236
	063-16-0508	Mrs. Frances	Piovano 752	5 Relair	
18.	CAUSE OF DEA		12010110		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Ω	- 1		2
LEADING TO DEATH	(A) MMEDIATE CA	IUSE KENAL	- Lailan		3 weaks
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	DUE TO, OR A	S A CONSEQUENCE OF:	111		
injury or complication which caused death.)	L.m	1 7. Pas	totil (p	Runin	
ANTECEDENT CAUSES	S A CONSEQUENCE OF:	s late Cl	ilectron.	19	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	S A CONSEQUENCE ON			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR W. WAS SELFCEMED WAS SELFCEMED	***************************************	None			**
UISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSYT (Yes or	No 20B, IF YES, WER	E FINDINGS CO	NSIDERED
E FE 18,1970 WAS PERFORMED TO	obstriction	m 1/85	IN CERTIFIENG C	AUSES OF DE	AIH?
OR CONTRIBUTING GAUSE OF home		in or about bl C. WHERE DIE office bldg. MUURY OCCUR) (If In Boltim	iore City, give e	xact facation)
UI NO	NJURY OCCURRED		INJURY OCCUR		
S OF INJURY					
(APPROX.)				-	
22. I certify that (I) (this hospital) attended the		_	_197 10_00		25 19 71
that (I) (we) last saw the deceased alive an	merch 3			pinian death	occurred on the date
and hour and fram the causes stated above. (1)	(We) (did) (did not)	view the body after dear	th.	Inna PATE	NOMED
23A. SIGNATURE	pl.	tending Med. Director	Staff Phys.	3 2 PATE	5 7
23C.PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS			111
G. SURRIN		Johns	Hookins	: Ho	s Dital
24A, BURIAL CREMATION, 124B, DATE 124C, NA	ME of CEMETERY of C			City, town, or c	county) (State)
Burial 3-29-1971 Par	kwood Cemete	mr D-	anleyed TT - 10m	211	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIREC	rkville, B	altimore	ADDRESS Belan R
APR 1 1971 Rece E Falle	ACD.	Lassah	Tomos	Hams	Balto Ind 212
VS 150-REV 1/1/68		1 - WARRANTON	The state of the s		The state of the s

FIL

July shift were 300

Marine Allerton

IMPORTANT

DIRECTOR:

FUNERAL

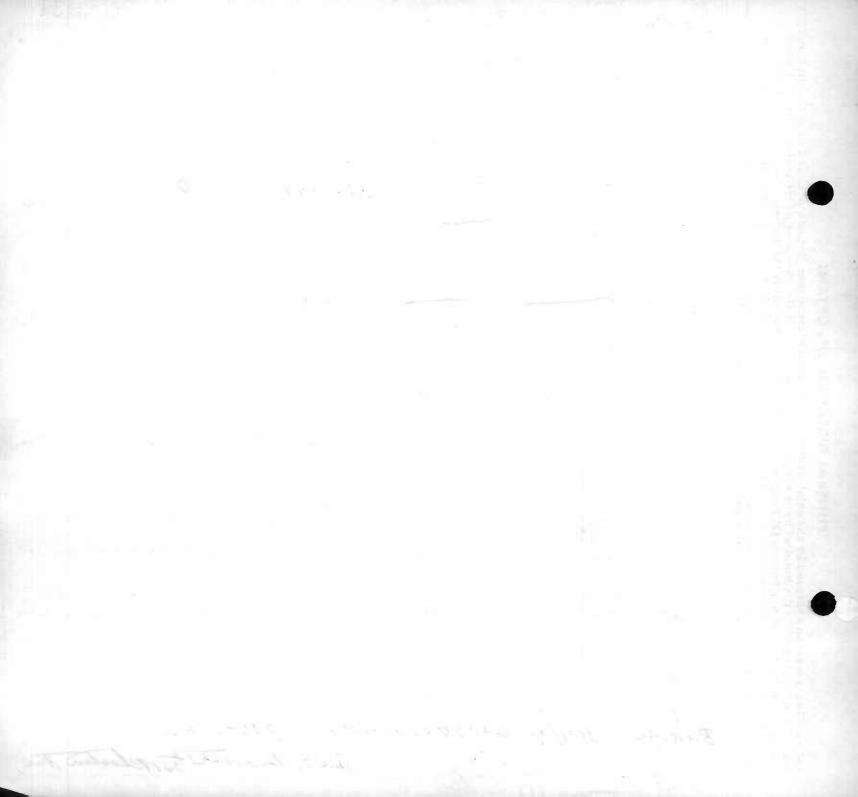
approved

MARKER SEIFRIED 86776 FEW

EALTH DEPARTMENT				
E OF DEATH	REG. NO	71	3153	-
	HOUR OF DEATH			_
3/2	8/7/	1	330 A. W	
USUAL RESIDENCE (Where	doceosed lived, It is	nstitution: re	sidence before admission)	-
Md			2714	
CITY OR TOWN	D. INS	IDE CITY LI	MITS?	-
BALTIMOR STREET AND NUMBER	E	YES	NO 🗌	_
		100	15	
1/30 FALLS	. AGE (In years	DRIV	<u></u>	=
1 . 1	ost birthdoyl	Months	1 Yr. If Under 24 Hrs. Doys Hours Min.	
BIRTHPLACE (Stote or foreig	1/2 n country	122 6777	EN OF WHAT COUNTRY	-
				7
BALTIMORE	, 140.	4.	SA	
MOTHER'S MAIDEN NAM				-
ELIZABE.	TH GR	A41		
INFORMANT			ADDRESS	•
OHN H. BLUC	HER 6207	MCCO	GAN RUD	
			APPROXIMATE INTERVAL	-
$\gamma / \gamma / \gamma$	11-1	, 61	TWEEN ONSET AND DEATH	,
2 rtestinal	Obstruc	tion	approx Iwe.	ck
INSEQUENCE OF:			77	
le Castroin	testinal (akil	ionia villuo	س
ONSEQUENCE OF:				
				•
none.				
20A. AUTOFSY? (Yes or No)	208, IF YES, WERE I	FINDINGS OF DI	ONSIDERED	•
bout 21C. WHERE DID	(If in Boltimore	e City, give	exoct location)	
bidg., INJURY OCCUR?				
21F. HOW DID INJUI	RY OCCUR?			
		, ,		
4/7/ 19	to	28/	19	,
		lon death	occurred on the date	
the body ofter deoth.	,(ad) (ac) ap	deaill	occorted ou the date	
The body offer deoffis		23B, DATE	SIGNED	
Med. St	off N	3/2	8/7/	
ADDRESS //	уз.	- ()	011	
Chas Hosp	Pharles	St	Bolt Md.	
ORY 24D. LOC	ATION (Cit	y, town, or	county) (State)	
TH BA	LTO, MD,			
SC. FUNERAL DIRECTOR	W=0	/ =	ADDRESS	
Bul E. Charion	2036110	chale	de,	

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such of death (4) Undetermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 2 uo 4. USUAL RESIDENCE IWhere deceased lived. If institution, residence before admission A. STATE B. COUNTY death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance Marylan Raltimore cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES A NO sased prior is made. MEMORIAL E. STREET AND NUMBER contributing MONTRE in regular & DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Ye. Months: Days 5. SEX , If Under 24 Hrs. 7. MARRIED NEVER MARRIED deceased WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if refired) Mary and 14. MOTHER'S MAIDEN NAME force. Was the 13. FATHER'S NAME Ambrose Martha 00 death 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) SOCIAL 7. INFORMANT ADDRESS final SECURITY NO. Richard attendance Same UNKNOW CAUSE OF DEATH APPROXIMATE INTERVAL pronounced PO BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH (A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF: IThis does not mean the mode of dying, e.g., hoart failure, asthenia, etc. It means the disease, injury or compilcation which caused death.) embai regular corelyal henorrhage. ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF:
Rejuration heart de saase pullanary alelecto
Rejuration accordants 910 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 2 physician UNDERLYING CONDITION lost. the remains WOS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE OR CONDITION GIVEN IN PART 1 (A).

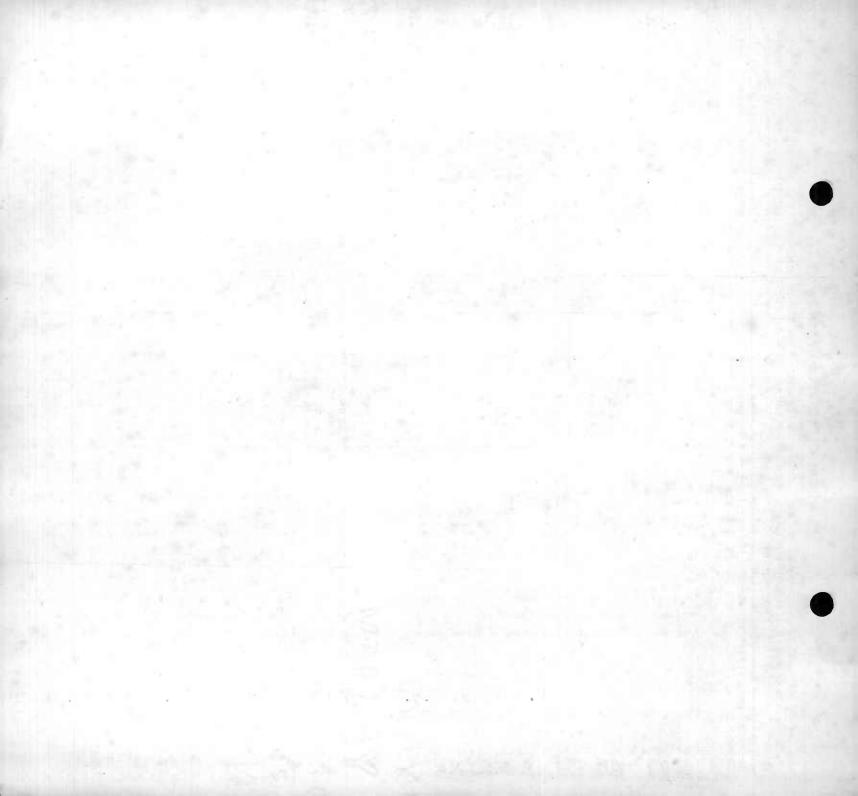
19A. DATE OP OPERATION
19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED CERTIFICATION physician 20A. AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF any nature; (2) (If in Boltimore City, give exact lacotion) where MEDICAL hospital 2° DEATH (notify medical examined 21D. TIME OF INJURY 2) F. HOW DID INJURY OCCUR? obtained (Month) (Doy) (Year) (Hous) 21 & INJURY OCCURRED 9 While At Not While (except (APPROX.) Work At Work and 22. I certify that (1) (this hospital) attended the deceased from and that In (my) (our) apinian death occurred on the date that (1) (wa) last saw the deceased alive an. death) hospital and haur and from the causes stated above. (1) (We) (AIJ) (did not) view the body after death. must shows: (1) An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. 0 approval at a 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS deceased prior (ho-02) 24A. BURIAL CREMATION. 24C, NAME OF CEMETERY OF CREMATORY (City, town, or county) he body D.O. REMOVAL (Specify) CARDENS OFFAITH SD 258. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR



	1		HEALTH DEPARTMENT						
	71 NAME OF DECEASED	3155 CERTIFICA		REG. NO	71 3155				
	ype or Print) JAMES O	REM		28-7/	1 5:15 P.				
3,	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD		deceased lived, If ins	titution: residence before admission				
II H	ULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION ISTITUTION	R INSTITUTION, GIVE STREET	M D,		DE CITY LIMITS?				
4	A 100	112 - 5	BALTO.		YES P NO T				
	37 MERCY 1	705P.	E. STREET AND NUMBER						
			3970 FALL.	5 RDI					
5.	SEX 6. RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.				
	111/5 11/11/11	OWED DIVORCED	2/14/95	ost birthdoyl	Months Days Hours Min.				
	A. USUAL OCCUPATION (Give kind of work 108,)		11. BIRTHPLACE ISlote or loteig	n country!	12. CITIZEN OF WHAT COUNTRY				
do	ne during most of working life, even if retired)	RETIBED	MO						
13.	TEXTILE WORKER 1	16111160	11/11						
	?		14. MOTHER'S MAIDEN NAM	?					
15.	Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war or dotes of s	tervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	YES 1916-1917	215-07-674	PORAM, ENG	M (3)	(ME)				
	18. 4 / 0 31	CAUSE OF DEATH		77	APPROXIMATE INTERVAL				
	DISEASE OF CONDITION DIRECTL	Y		1 1 0 1	BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	(A)IMMEDIATE CAU	es MALL Bru	el Intale	10 lays				
	this does not mean the mode of dying, e.g.,								
	heart failure, osthenio, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES		Hend belo	0.0	i				
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:								
		rise to the above cause (A) staling the							
	ONDERETING CONDITION 105E	(c)							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TER	MINAL							
CA	IDISEASE OR CONDITION GIVEN IN PART 1 (A)).	20A. AUTOPSY? (Yes or No)	208 Is Vec Week et	NDINGS CONSIDERED				
ERTIFIC	3/2/1/ WAS PERFORME	D	N/	IN CERTIFYING CAU	SES OF DEATH?				
19	21 A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY legy in	a or about 21 C. WHERE DID	Af to Rollings	City, give exect location)				
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, lorm, foctory, street, of	fice bidg., INJURY OCCUR?	(if in commore	City, give exect locotion;				
MEDI	21 D. TIME (Month) (Doy) IYear) IHou OF INJURY		21F. HOW DID INJU	RY OCCUR?					
2	IAPPROX.)	White At Work		/	l.				
	22. I certify that (I) (this hospital) atte	11525	2/22/1/ 19	3/28	17/ 10				
	that (1) (we) last saw the deceased all	2/7/1		7	19				
	12.	mbm		in (my) (only obju	an death accurred on the date				
	and haur and fram the causes stated ab	iave. (I) (We) (did) (did not) v	lew the body ofter death.						
	23A. SIGNATURE	LO Aug	nding Med. S		23B. DATE SIGNED				
	1 Xuion	DEGREE		hys.	3/21/2/				
F	23C. PHYSICIAR'S NAME (Typel	FR M	23D. ADDRESS	HO	D				
24/	A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION ICity	, town, or county) [State)				
9	REMOVAL ISpecify) 3/8//7/	WOODLAWN	0	1170 1100					
254	A. DATE REC'D BY HEALTH DEPT. 258, N		lose supressi	1410.791)	ADDAGG				
2.07	ann's some On a s. Z	AME OF REGISTMAR	Paul E, Chen	233	ADDRESS				
Ve	APR 9/1 1/2/2/18 4. 74	AUGEN, TOWN	Jane E, Chen	me 36	17 meser ful				
4.9	184-16 10 17 17 UB								

REAL WATER THAT WAS TO SEE THE SAME

BIRTH	-646	71					of affect	3156
_	NO.		3156	CERTIFICA	TE OF DEATH	REG. NO		
	ME OF DECE		11-11-1		2. DATE AND	HOUR OF DEATH	н	
- '	1	EO B.		ORRELL	March 14, USUAL RESIDENCE (Where of	27, 71		705 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION				A. STATE B. COUNTY	secosed lived. If	institution; fesid	202	
					C. CITY OR TOWN	D. IN:	SIDE CITY LIMIT	
HOUSE IN THE PINES BELVEDERE NURSING			E. STREET AND NUMBER		YES	NO 🗌		
					207 S. ANN ST.		10.00	
5. SE)		6. RACE	7. MARRIED	NEVER MARRIED	los	AGE (In years t birthday)	If Under 1 Months Do	Yr. If Under 24 Hr
	le	White	WIDOWED		Sept. 6, 1897	73		
		PATION (Give kind of work orking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN	OF WHAT COUNT
			pector (City of Balto		Md.	U.	S. A.
13. FA	THER'S NAM				14. MOTHER'S MAIDEN NAME			
	Henry		Sorrel			Jones)		
(Yes, r	os Deceosed I	Ever in U. S. Armed Ford (If yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		5701 GW	DDRESS Oak Ave
Y	es	World W	ar I	216-30-6879	Mr. Hugh C. B.	Sorrell .	Balto.,	Md. 21207
		NTECEDENT CAUSES		• 0	1	, ,		
O CERTIFICATION	THER SIGNIFIC O THE DEATH ISEASE OR CO A. DATE OF CO TR. ACCIDENT	CONDITIONS, if obave cause (A) condition last.	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR W	VHICH OPERATION PLACE OF INJURY (e.g., i		LUDNAY 20B. IF YES, WERE N CERTIFYING C.	E FINDINGS CO AUSES OF DE/	
EDICAL CERTIFICATION	THER SIGNIFIC OTHE DEATH ISSEASE OR CO A. DATE OF CONTRIBUTE EATH (notify to the contribute)	obave cause (A) CONDITION last. II CANT CONDITIONS COI BUT NOT RELATED TO THE NOTION GIVEN IN PAR OPERATION 198. CON WAS PERF T WAS UNDERLYING TING CAUSE OF	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WORMED 218, homeletc.)	VHICH OPERATION PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE N CERTIFYING C.		
MEDICAL CERTIFICATION	THER SIGNIFIC OTHE DEATH SEASE OR CO A. DATE OF CO R. CONTRIBUT EATH (notify to	obave cause (A) CONDITION last. II CANT CONDITIONS COI BUT NOT RELATED TO TH NOTITION GIVEN IN PAR OPERATION 198. CON WAS PERF T WAS UNDERLYING TING CAUSE OF medicol exominer)	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WORMED 218. home etc.)	VHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, olimination) INJURY OCCURRED Not While	20A. AUTOPSY? (Yes or No) 2 n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR	20B. IF YES, WERE N CERTIFYING C. (If in Boltimo	ore City, give e	xoct locotion)
MEDICAL CERTIFICATION 10 10 10 10 10 10 10 10 10 1	THER SIGNIFIC O THE DEATH SEASE OR CO O A. DATE OF CO TALL ACCIDENT R CONTRIBUT EATH (notify to The property of the color	obave cause (A) CONDITION last.	NTRIBUTING HE TERMINAL TO T	VHICH OPERATION PLACE OF INJURY (e.g., if e.g., form, foctory, street, of the decode	20A. AUTOPSY? (Yes or No) n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJUR 19 7/ and that view the body after death. Inding Med. Director Phy 23D. ADDRESS	(If in Boltimary OCCUR?	Dinian death of	27.19.74 accurred an the da
MEDICAL CERTIFICATION MEDICAL CERTIFICATION 10 10 10 10 10 10 10 10 10 1	THER SIGNIFIC O THE DEATH SEASE OR CO O A. DATE OF CO O A. SIGNATUR O A. SIGNA	obave cause (A) CONDITION last. II CANT CONDITIONS COIL BUT NOT RELATED 10 TH NOTITION GIVEN IN PAR OPERATION 198. CON WAS PERF T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Day) (Year) that (I) (this hospital last saw the decease from the couses stat FS Del LESTER N	NTRIBUTING HE TERMINAL TI (A). 218, home etc., (Hour) 21E, Whill Worl attended the dalive an	VHICH OPERATION PLACE OF INJURY (e.g., if e.g., form, foctory, street, of the property of the property of the deceased from the deceased	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR 19 19 19 19 Med. Director Phy 23D. ADDRESS 6821 Reisters	(If in Boltimory OCCUR?	pinian death of Balto	27. 19. Z accurred an the da
WEDICAL CERTIFICATION O 0 1.1 S 23 S 24 S 24	THER SIGNIFIC O THE DEATH SEASE OR CO O A. DATE OF CO O A. DAT	obave cause (A) CONDITION last. II CANT CONDITIONS COI BUT NOT RELATED TO TH INDITION GIVEN IN PAR OPERATION 198. CON WAS PERF T WAS UNDERLYING TIME CAUSE OF medical examiner) (Month) (Day) (Year) that (I) (this hospital last saw the decease from the couses state TS pee LESTER N IATION, 248. DATE	Sioling the NTRIBUTING HE TERMINAL TO T	VHICH OPERATION PLACE OF INJURY (e.g., if e.g., form, foctory, street, of the decode	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR 19 7/ and that riew the body after death. 23D. ADDRESS 6821 Reisters EMATORY 24D. LOC	(If in Boltimory OCCUR?	238. DATE S Balto City, town, or c	27. 19. Z accurred an the da



IMPORTANT

FUNERAL DIRECTOR:

G-620 71 313	Z (**)	HEALTH DEPARTMENT	71 3157					
DIKIH NO.	CERTIFICA	TE OF DEATH REG. NO.						
1. NAME OF DECEASED (Type of Print) HARVEY. M. GROS	S	3/27/3/ at 9:15	TH Pon					
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I	1					
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION) Jutheren Hespetal of Baltimore, Md 21	NSTITUTION. GIVE STREET	no: Balto.	NSIDE CITY LIMITS? YES NO					
Roll White 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. , If Under 24 Hrs Months; Doys Hours Min.					
WIDO	WED DIVORCED	113100 1 87	Months Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind al wark 10B, KINdone during mast of working life, even if refired) Retired - Continental Can	D OF BUSINESS OR INDUSTRY Machinest Company	11. BIRTHPLACE (Stote or foreign country) Pa-Reading	12 CITIZEN OF WHAT COUNTR					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Hugh Exton	Gross	Kate Olive	(Milter)					
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give war ar dates of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	3438 RADDRESS ROAD					
no none	214-03-4326	Mrs. Isabelle K. Gross	Balto., Md. 21207					
18. 427.10	CAUSE OF DEATH	1	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH					
LEADING TO DEATH	AND MARKEDIATE CALL	CARDIO - RESPIRATORY.	Parlynd					
(This does not mean the made of dying,	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, ashering etc. It means the disease DUE TO, OR AS A CONSEQUENCE OF:							
injury or camplication which caused death.)								
ANTECEDENT CAUSES (B) CONCESTIVE CARDIAC FAILURE								
DISEASES OR CONDITIONS, if ony, gi	- C-							
rise to the above cause (A) stating								
UNDERLYING CONDITION last.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	NG NAL							
	**********	120 A ALLEG Beye (V N) GOD 15						
WAS PERFORMED	IN CERTIFING CAUSES OF DEA							
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, farm, factory, street, off elc.)	or obout 21 C. WHERE DID (If In Baltim	ore City, give exoci location)					
OF INJURY (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
(APPROX)	While At Not While							
22. I certify that (1) (this bashing) area-	TO THUR							
that (1) (we) last sow the deceased alive		.	3/27/1971					
·	1	ond that in (my) (our) o	plnian death accurred on the date					
and hour and fram the causes stated abov	e. (I) (We) (dld) (did not) vl	ew the body after death.						
230. SIGNATURE	23A. SIGNATURE 23B. DATE SIGNES							
William	Atten OEGREE	ding Med. Staff Phys.	1					
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS						
AZAD. CADE								
A. BURIAL CREMATION, 1248, DATE 124	C. NAME of CEMETERY OF CREA	MATORY 24D, LOCATION (City, tawn, or county) (State)					
The tapeony			,					
	Woodlawn Cemeter	A STATE OF THE STA						
	ME OF REGISTRAR		own, Md. ADDRESS 133 R					
\$ 150-REV. 1/1/68		Loring Byers Funeral Dir	ector 272 Liberty					



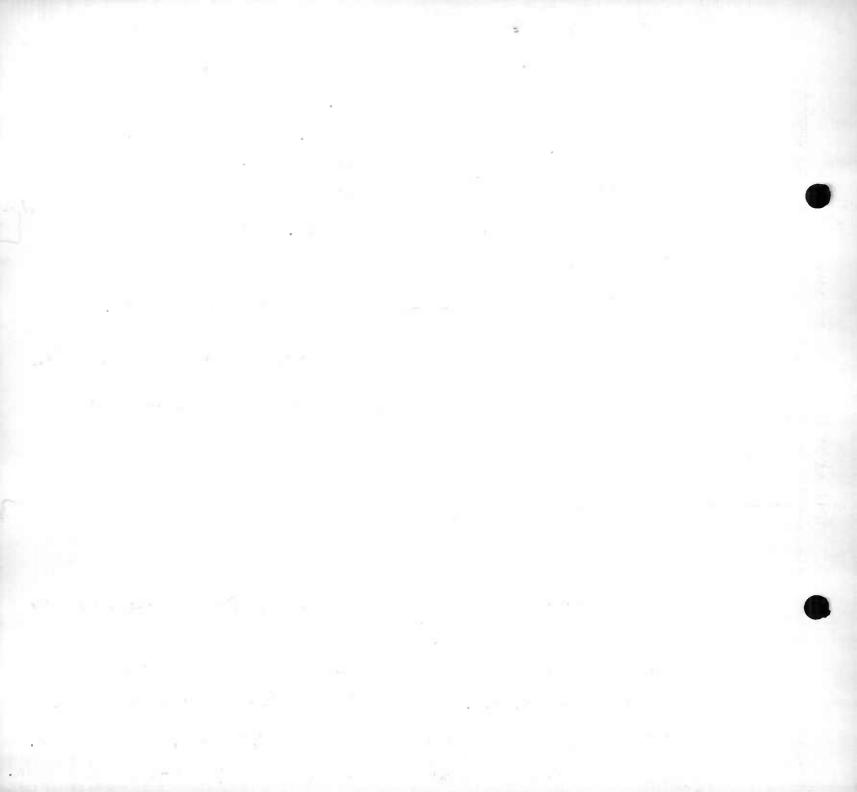
FUNERAL DIRECTOR: IMPORTANT

1-255		HEALTH DEPARTMENT		PM OFF
BIRTH NO. 71 3	3158 CERTIFICA	TE OF DEATH	REG. NO.	71 3158
1. NAME OF DECEASED (Type or Print) LUTMAN C	HARLES H.	2. DATE AN	DHOUR OF DEATH	10.00 P
3. PLACE IN BALTIMORE MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	a deceased lived. Il in	stitution; rasidence belora admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	In INSI	1306 DE CITY LIMITS?
SINAI HOSPITAL	OF BAZTIHORE	BALTIMORE	- 1113	YES NO
42		L. SIRCEI AND MOMBER	The St. =	# 11
MALE WHITE	• MARRIED NEVER MARRIED WIDOWED DIVORCED	X 19126	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hr. Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work)	OR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farai	gn cauntry)	12. CITIZEN OF WHAT COUNTR
	Schenuit Rubber	Md.		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	USA
Homer Lutman		V	Vood	
5. Was Decaased Ever in U. S. Armed Farce Yas, no ar unknown) (If yes, give wor or dolas	s? 16. SOCIAL of service) SECURITY NO.	17. INFORMANT		ADDRESS
Yes WWII	220-14-2012	Mrs. Hilde	Lutman-61	5 W. 36th St.
18. 15 0 X I	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRE	CTLY			BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CAU		GASTRIE JU	NETTOV 7 HOS
hearl foilure, asthenia, etc. It means the injury or camplication which caused d	e disease	CONSEQUENCE OF:		
ANTECEDENT CAUSES	eam.)			
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if an rise to the abave cause (A) s	y, giving DOE 10, OK AS.	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONT	TERMINAL			
DISEASE OR CONDITION GIVEN IN PART 1 19A-DATE OF OPERATION 198. CONDITION 2 16 71 WAS PERFO	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes er No)	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, efficie)	or about 21 C. WHERE DIO	(il in Boltimore	City, give exect location)
21D. TIME (Month) (Day) (Year) (Hour 21 E INJURY OCCURRED	21 F. HOW OID INJU	IRY OCCUR?	
(APPROX)	While At Not While Work			
22. I certify that (1) (this haspital) o	ALON - VI ALON	1 ~ 2	71	2 2 2 2 7 7
that (1) (we) last saw the deceased	allve an 3 - 22			an death accurred an the dat
and haur and from the causes stated	abave. (1) (We) (did) (did nat) vi	ew the bady after death.		
Salwel Mushi	A Atten	ding Med. S	toff hys.	3 DATE SIGNED
SAHASCHAI HUSI	DEGREE	SINAI HOSOI		Rusiyana
AA. BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY OF CREA			town, or county) (State)
Burial 4/1/71	Lorraine Park		timore.	Md •
SA. DATE REC'D BY HEALTH DEPT. 25	BANANE OF GEOSTRAR	25C. FUNERAL DIRECTOR		ADDRESS
APR 1 1971 36 Gent 4	BANANE OF COSTRAR	Donovan Fune	ral Home-	3818 Roland Av



DIRECTOR:

VS 150-REV. 1/1/68



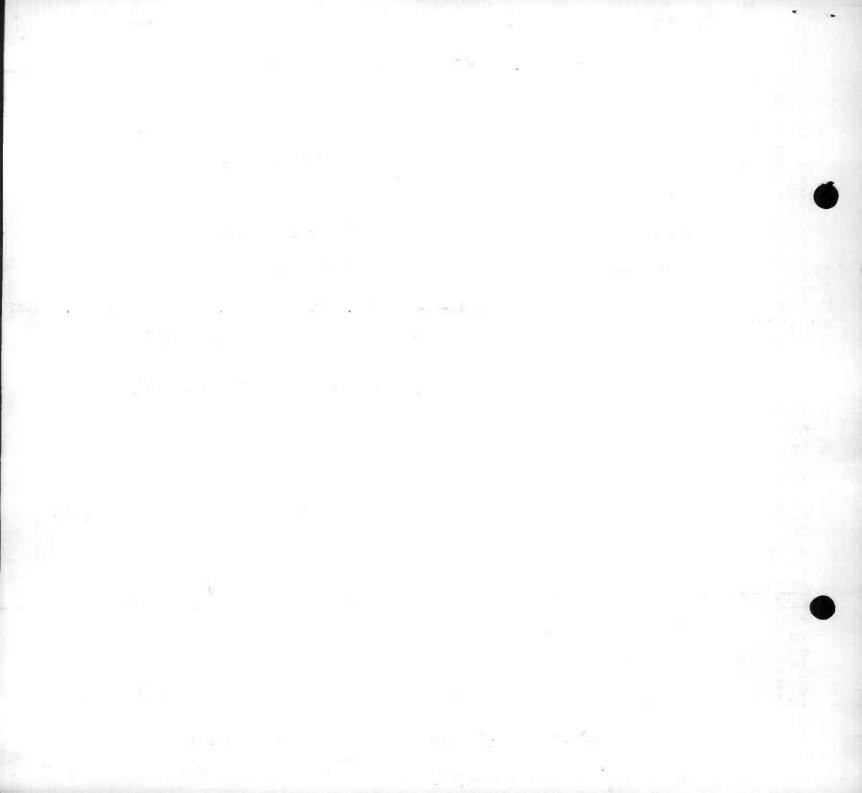
IMPORTANT

DIRECTOR:

FUNERAL



	2 111 210	BALTIMORE CITY	HEALTH DEPARTMENT		rid o o				
	S-4/6 71 3161		TE OF DEATH	REG. NO	71 3161				
	Pe or Print) WIL BERT D.	SILBERMAN	2. DATE AN	D HOUR OF DEATH	1 2:11 P M				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (Whe	e deceased lived. If in	stitution: residence before admission)				
HC	ILL NAME OF (IF NOT IN HOSPITAL OR I OSPITAL OR ADDRESS OR LOCATIONI	NSTITUTION, GIVE STREET	Md.,		IDE CITY LIMITS?				
4	18 Marylant GRNEN	un trupital	BAUTO E. STREET AND NUMBER	D. 11451	YES NO				
/	<i>. .</i>	O	910 Mew)	Witn M	ue				
5. :		RIED NEVER MARRIED K		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
IOA	LUSUAL OCCUPATION (Give kind of work TOR, KIN		11. BIRTHPLACE (Stole or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?				
		LOTHING	BALTIMORE, MAR	RYLAND	USA				
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NA!	V.E					
	HARRY SILBERMAN		DORA MICHAEL	a.					
5. Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yes, give war ar doles of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	NO	X212-01-6324	MRS. DORA SILBI	ERMAN, 910 N	NEWINGTON AVE. #2121				
	18.41071	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	M40	CARDIAL	INFARCE	1				
	(This does not mean the mode of dying,	(A) IMMEDIATE CAU	St	F 2002					
	I have believe mathematical at the same the James of the same of the same the James of the same the same the James of the same the s								
	injury or camplicalian which caused death.) ANTECEDENT CAUSES IS CITETIC HEART DISEASE, IS CITETIC HEART DISEASE,								
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:								
	rise to the abave cause (A) stating UNDERLYING CONDITION last.								
	11								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).								
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, affect.)	or obout 21 C. WHERE DID	(il In Bollimor	a City, give exact location)				
2	21D-TIME (Month) (Day) (Year) (Haud) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
ξ,	(APPROX)	While At At Work							
	22. I certify that (I) (this hospital) attend		728	971 ta 3/	19_7_				
	that (1) (we) last sow the deceased alive		any /	/					
	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
	23A. SIGNATURE				238. DATE SIGNED				
	Dayan D. 18,	DEGREE Phys.		Staff Dr.	3/28/71				
	BAYANI B. E.	MA N.D. DEGREE	Md. GEN to	st B	Acto Rd.				
24 <i>A</i>	A. BURIAL CREMATION, 24B, DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (Ci	ly, lown, or county) (Stote)				
	RUDTAT 7 70 71	BETH TFILOH	BAL	TIMORE, MARY	/LAND				
25 <i>A</i>	A DATE ALCO BY HEALTH DETS 258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	your + Bra	ADDRESS				
75	150-DEV 1/1/68				·				



VS 150-REV. 1/1/6B

FUNERAL DIRECTOR: IMPORTANT

R-41	1)		BALTIMORE CITY	HEALTH DEPARTMENT		m/ 010	0
10 70X	71	3162	CERTIFICA	TE OF DEATH	REG. NO	11 316	6
RTH NO. NAME OF DI Type or Print)		BLOCK			CH 29, 1971	1 10	A. /
3. PLACE IN B	ALTIMORE, MARYLAND, W		CED DEAD	14. USUAL RESIDENCE		institution: residence bef	ore odmission
FULL NAME O	F (IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITUTI	ON, GIVE STREET	MARYLANDL C. CITY OR TOWN		ISIDE CITY LIMITS?	831
55.36	LYNVIEW AVENUE			BALTIMORE		YES NO	
00				E. STREET AND NUMBE			
				5536 LYNV	IEW AVENUE		
MALE	6. RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH APRIL 21, 190	9. AGE (th years tost birthdoy) 5	If Under 1 Yr. If Months Doys Hou	Under 24 Hrs ors Min.
	CUPATION (Give kind of wor	108, KIND OF B	USINESS OR INDUSTRY			12. CITIZEN OF WH	AT COUNTR
	of working life, even if retired) D-EMPLOYEE	FOOD MA	RKET	BALTIMORE, M	IARYLAND	USA	
3. FATHER'S N				14. MOTHER'S MAIDEN			
ZALMAN	BLOCK			DORA			
C W D	1 5 11 5 A 11 5	rces?	6. SOCIAL	17. INFORMANT		ADDRESS	
NO or unkno	wn) (If yes, give wor or dot	es of service)	SECURITY NO.	MRS. LILLIAN	STEINED 602	Z REISTEDSTO	WN ROAF
1B. //	109		CAUSE OF DEAT		STEINER, 092	APPROXIM.	ATE INTERVAL
1-1-1	ASE OR CONDITION D	RECTLY			1 1	BETWEEN ON	SET AND DEAT
Dist	LEADING TO DEATH	NEC IEI	(A) IMMEDIATE CAI	150 Myoeard	al dufare	An Ino	lden
	not mean the mode of		DUE TO, OR AS	JSE Myocard			
	e, osthenia, etc. 11 meons amplication which caused			0 (/	(1)	2	>
	ANTECEDENT CAUSES	3	A	(C. V)	Muase	-	
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
rise la	The above couse (A)	(2)					
UNDERLYI	NG CONDITION Iosi.		(C)				
ZOTHERSION	II	NITPIRITING	00			7	
TO THE DE	NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO	THE TERMINAL	CL	enty			
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (195 of No.) 20B. IF YES, WERE FINDING WAS PERFORMED						ED
OR CONTR	DENT WAS UNDERLYING [IBUTING CAUSE OF Ify medical examiner)	21 B. P home, etc.)	LACE OF INJURY (e.g., form, foctory, street, c	in or obout 21 C. WHERE DI office bldg., INJURY OCCU	D (If In Boltim	nore City, give exact loco	tion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E, I	NJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
21D. TIME OF INJURY	S. R. T. J	White					
		Work	At Work		19 7 1 ta	7/23/-	10
that (I) (w	ify that (1) (this haspitove) last sow the deceos	ed olive on	3/29		d that in (my) (our) o	pinion deoth occurre	d on the do
	and from the causes sta	oted above, (I)	(We) (did) (did nat)	view the body after dec	ath.	1	
23A. SIGNA	TURE DOLLA	1. Belen	OEGREE PH	ending Med. Director	Shaff Phys.	3/29/	71
23 C. PHYSIC	CIAN'S (Type)		VE DREET	23D. ADDRESS			
NAME.		S. BLUM) OSCORE	1115 N. CA	LVERT STREET		
24A. BURIAL C	REMATION, 248. DATE		AE of CEMETERY of CE	-		(City, town, or county)	(Stote)
BURIAL		7/ MIK	RO KODESH		BALTIMORE, M	ARVIAND	
	C'D BY HEALTH DEPT,	25B. NAME OF		2SC. FUNERAL DIREC	CTOP	ADDRE	SS
APP	1 1971 02.6	& E. Jask	w. M.D.	SOL LEVINSO	ON & BROS.,60	10 REISTERST	OWN ROA
MIN	T 101 F 00000		P. Marie		3		

4/20/2 .2 18.0/1 +011

FUNERAL DIRECTOR: IMPORTANT

S-42/ 71 31	00	HEALTH DEPARTMENT	X REG. NO	71 3163		
NAME OF DECEASED			ND HOUR OF DEATH			
Mary XXXXXX	NXX SCHLOSBERG	Ma:	rch 28, 1971	4:40P.		
PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY MARYLAND BIFO. C. CITY OR TOWN D. INSIDE CITY LIMITS?				
ULL NAME OF (IF NOT IN HOSMTAL OR AOORESS OR LOCATION)	INSTITUTION, GIVE STREET					
		BALTIMORE	D. INSI			
LEVINDALE		E. STREET AND NUMBER		YES NO		
		6800 LIRED	TY ROAD, APT	410		
SEX 6. RACE THE TOP 7. MA	RRIED NEVER MARRIED		9. AGE (In vents			
WILLE	OWED X DIVORCED		last birthdoy)	Il Under 3 Yr. Il Under 24 Hrs Months Doys Hours Min.		
A. USUAL OCCUPATION (Give kind of work 108, KI	NO OF BUSINESS OR INDUSTRY	KROXXXXXXXXXXXXX	92			
ne outing most of working life, even it felited)			agn country)	12. CITIZEN OF WHAT COUNTR		
	AT HOME	RUSSIA		USA		
FATHER'S NAME		14. MOTHER'S MAIDEN NA				
KIEVA FRIEMAN		XKKXMMXX BUNNA				
. Was Deceosed Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of se	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		AOORESS		
NO ,	NO	MR. MANNY BERG.	6800 LIBERT	Y RD., APT. 208 #7		
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
LEADING TO DEATH						
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the di- injury or complication which caused death.) ANTECEDENT CAUSES	sease,	CONSEQUENCE OF:	entroma a constant a su proma a constant a c	Days		
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.	giving DUE TO, OR AS the	A CONSEQUENCE OF:		**************************************		
11			***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A.) 179A-DATE OF OPERATION 179R. CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	TING INAL Anem	ia		Months		
19A-DATE OF OPERATION 19E CONCITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF OEATH?		
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DIO	If to Boltimore	S City, give exact location)		
OR CONTRIBUTINO CAUSE OF OEATH (notify medical examines)	home, form, foctory, street, offi	ce pide INTURY OCCUR	,	and and the analysis		
OF INJURY (Month) (Ooy) (Year) (Hous)	While At Not While	21F. HOW DID INJ	URY OCCUR?			
IAPPROX.)	MONE - MI MANK					
22. I certify that (XX(this hospital) atten	ded the deceased from Jul	y 20,	964 to Marc	h 28 1971		
that (4) (we) last sow the deceased alive	on March 28	1971 and the	ot in (my) (our) opini	an death accurred on the date		
and have and from the causes stated abo	A TAX (Me) (qiq) XXXXXXX vi	ew the bady after death.				
23A. SIGNATURE	1501			23 B, OATE SIGNED		
23C. PHYSICIAN'S	DEGREE Phys.		Staff Phys.	March 29, 1971		
23C. PHYSICIAN'S NAME (Typel		O. AODRESS				
Theodore R.	eiff, M.D. DEGREE	Levindale				
REMOVAL (Specily) BURIAL 3-30-71	AITZ CHAIM		TIMORE, MARY	town, or county) (Stotel		
	ME OF REGISTRAR		· PUNIT			
	Ben 120	SOL LEVINSON	& BROS.,6010	A ODRESS DE I STED STOWN		



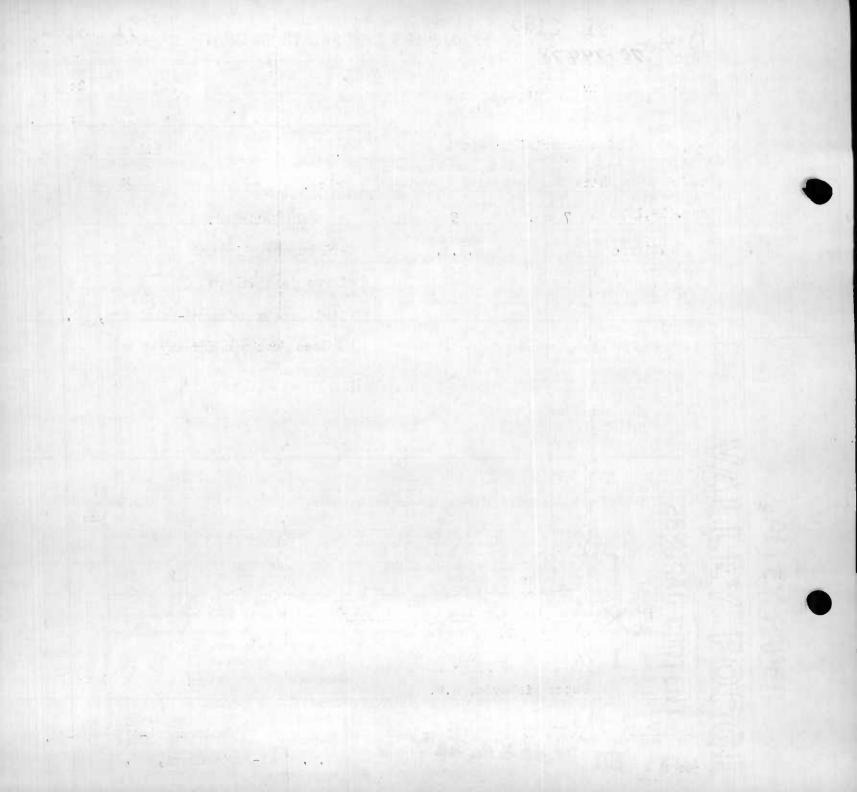
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68





R-400 71 310		HEALTH DEPARTMENT		1 3166
1. NAME OF DECEASED	RGARET G. RE.	2. DATE	and hour of death RCH 27,197	
3. PLACE (N BALTIMORE, MARTLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
108 TAPLOW ROAD		E. STREET AND NUMBE 108 TAPE	R LOW ROAD	YES NO
FEMALE WHITE WIDE	RRIED NEVER MARRIED DIVORCED DIVORCED	S. DATE OF BIRTH JUNE 2 7,	1 89 AOE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE		BALTIMOR	E. MD.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
JOHN EDGAR GANS		MARGARET	WALL	
15. Was Deceased Ever in U. S. Armed Forces? (Tes, no or unknown) lif yes, give wer or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	216-46-1620	MRS. JOHN	T. SHEHAN .	108 TAPLOW RD
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the made of dying,	(A) IMMEDIATE CAU		Res	6 marths
heart failure, asthenio, etc. It means the dis injury ar complication which caused death.)	SAMEA.	A CONSEQUENCE OF:		
ANTECEDENT CAUSES		Alex no 1 tes	1 1 1	12 mes
DISEASES OR CONDITIONS, if any,	giving (B)	A CONSEQUENCE OF:	& James	
rise (a the above cause (A) stating UNDERLYING CONDITION last.	the		0 1	
11	(c)		*************************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING INAL	*****************************		
19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF TES WERE F	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)	218 PLACE OF (NJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DIE	(if In Boltimore	City, give exoct locotion)
Q 21D. TIME (Month) (Doy) (Year) (Houd) (APPROX.)	21 E. INJURY OCCURRED While At Not While Work		NJURY OCCUR?	
22. I certify that (I) (this-hospital) attend		G m	_19 6 7_ to	21.6
that (1) (we) last saw the deceased allve		19 71 and	,	ian death accurred an the date
and have and from the causes stated aba	ve. (I) (We) (did (did not) vi			
23A. SIGNATURE & Bother (iding (7' Med.		23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) F. P. Coffay J.	2	3D. ADDRESS	Paul St -1:	Balk 18 Md
REMOVAL (Specify) 248. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D	LOCATION (City	, fown, or county) (Stote)
BURIAL 3/30/71	NEW CATHEDRA	AL CEMETER	RALTIMO	DRE, MD.
25A. DATE REC'D BT HEALTH DEPT. 25B. NA	ME OF REGISTRAR			6500 YORK RD.
/S 150-REV. 1/1/68			(1	

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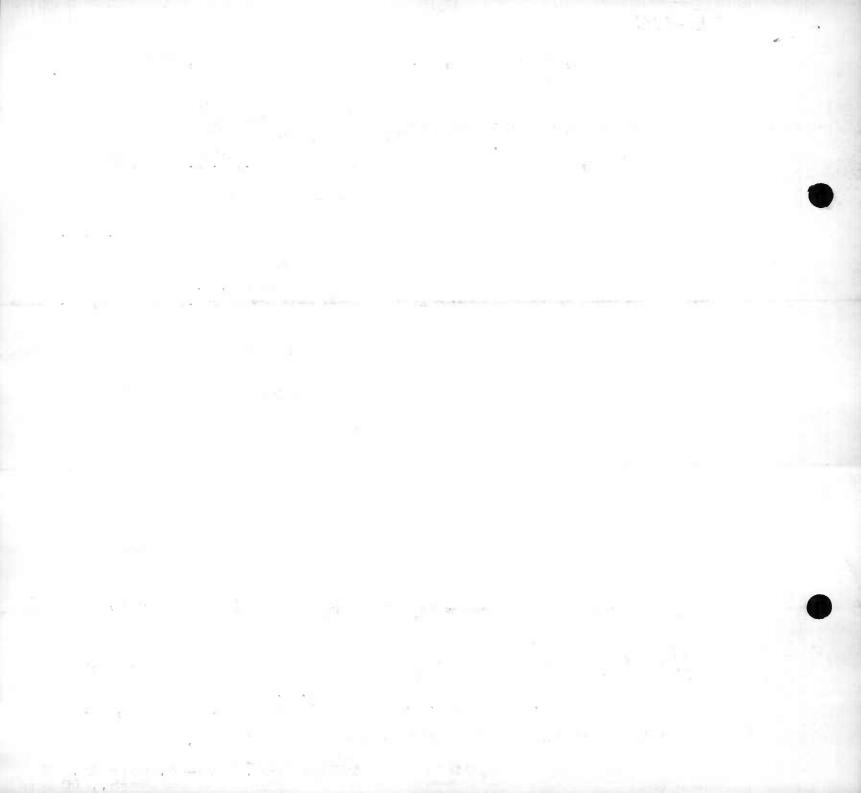
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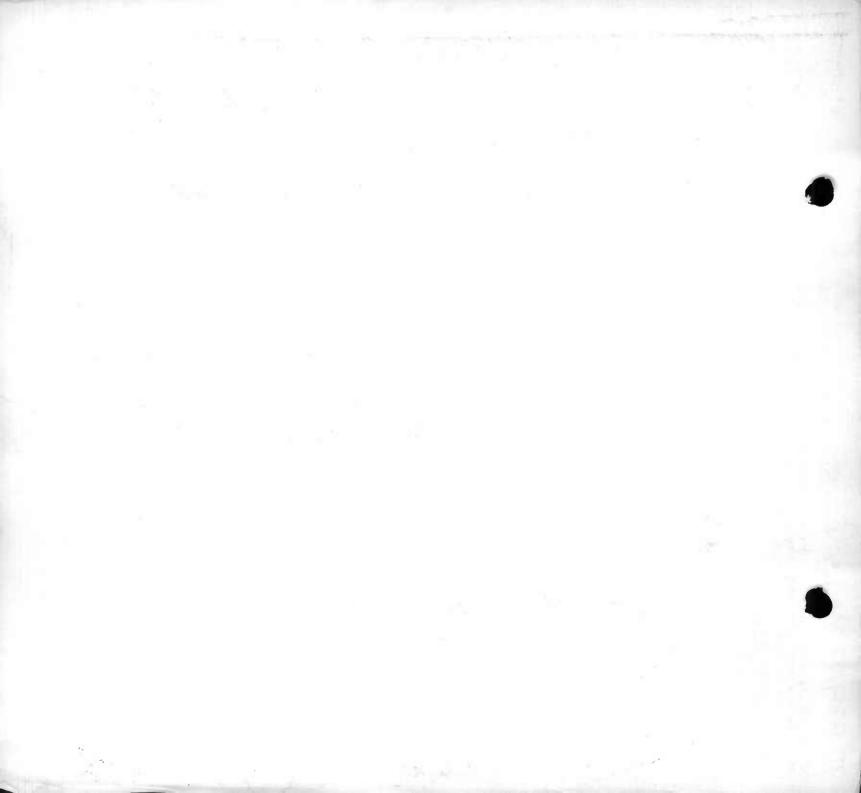
a hospital and

	1 -6/C		3167		TE OF DEAT		71 3167
	VAME OF DEC pe or Print)		EWIS DI	LLARD, SR.	2. DA	TE AND HOUR OF DEAL March 28, 1	971
3.	PLACE IN BAL	TIMORE MARYLAND,	WHERE PRON	DUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived If	
PH	LL NAME OF	(IF NOT IN HOSP ADDRESS OR LOG	TAL OR INSTI	TUTION, GIVE STREET	District of C. CITY OR TOWN	of Columbia	NSIDE CITY LIMITS?
1	39	terans Admin 00 Loch Rave ltimore, Mar	n Blvd.		Washington E. STREET AND NUMBER	BER	YES NO
5. S		6. RACE		NEVER MARRIED	8. DATE OF BIRTH	St., S. E.	
	Male	Caucasian	WIDOWED	DIVORCED	9-15-16	5/	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	. USUAL OCCU	JPATION (Give kind of wo working life, even if retired)	rk 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Painte				Virginia		U. S. A.
13.	FATHER'S NAM				14. MOTHER'S MAIDE	NAME	
	Louis	Irby			Bertha Day	ris	
Tes	Wos Deceosed i, no or unknown) (es	Ever in U. S. Armed Follif yes, give wor or dol 6-16-44 to	es of service)	16. SOCIAL SECURITY NO. 5 577-09-2603		cords V. A. Ho Raven Blvd.,	Ospital Address Baltimore, Md. 2121
	18. / 62	7, / I		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
		E OR CONDITION D			-		BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAL	2F	nary edema	Hours
	heort failure,	of mean the mode of osthenia, etc. It means	the disease		A CONSEQUENCE OF:	************	
	injury or com	plication which cause	d deoth.)		0	0.3	24 - 12
		INTECEDENT CAUSE		(8)		noma of lung	Months
- 1	rise to the	R CONDITIONS, if obove cause (A) CONDITION lost.	ony, giving stating the	DUE TO, OR AS	A CONSEQUENCE OF:	70000000000000000000000000000000000000	
F	TO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO ENDITION GIVEN IN PA	HE TERMINAL	***************************************	***************************************		
RTIFIC	19A. DATE OF	OPERATION 198. CON	IDITION FOR	WHICH OPERATION	No No		FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDEN OR CONTRIBUT DEATH (notify	T WAS UNDERLYING [TING CAUSE OF medical examines)	21B hom etc.	PLACE OF INJURY (e.g., in the, form, foctory, street, of the control of the contr	or obout 21C. WHERE DINJURY OCCU	tD (If In Boltim	ore City, give exoct location)
5	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	1	INJURY OCCURRED ILL Not While At Work	3	INJURY OCCUR?	
1	22. I certify t	that (1) (this hasplta	l) ottended t	he deceased from M	arch 3/4	19 77 ta	March 28, 19 71
1	that 1/1 (we)	last saw the decease	d alive on	March 28,	19.7 <u>T</u> an	d that In (any) (aur) ap	olnian death accurred on the dote
1	and havr and	fram the causes sta	ted abave.X	(We) (dld) (did not) v	ew the body after de	oth.	
	23A. SKONATUR	+ C./0	my	AHer Phys	oding Med.	Staff XX	23B. DATE SIGNED 3-28-71
1	NAME (Ty	pe)	C Them		3D. ADDRESS V. A.	Hognital	
4A.	BURIAL CREM	AATION, 24B, DATE	24C. N	pson, Me De DEGREE	3900 Loch Ray	ven Blyd., Bal	timore, Md. 21218
	Buria]	pecify)		edar Hill Ce	124	Suitland,	City, town, or county) (Stote) Maryland
5A.	ADD 1	BY HEALTH DEPT.		OF REGISTRAR	25C. BUNERAL DIREC	JOR P. A.	ADDRESS d. Hope Rd. SE



-	TH NO.		168	CERTIFICA	ATE OF DEATH			
(Тур	pe ar Print) Ga	race Armi			2. DATE	3/29/71	H	
FUI	PLACE IN BALTIMORE, MAI	IN HOSPITAL O	R INSTITU	INCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived, tf UNIY	institution: res	idence before odmission
INS	Nonutra	S OR LOCATION	N)		c.city or town Baltimore		ISIDE CITY LIN	NO 🗌
0	04223 Potter	St			E. STREET AND NUMBER 4223 Potter	Street, 212	229	
5. s Fe	emale White	wii	DOWED		8. DATE OF BIRTH 9/7/1883	9. AGE (In years lost birthday)	If Under Manths D	1 Yr. If Under 24 Hrs Doys Hours Min.
done	. USUAL OCCUPATION (Give e during most of working life, eve OUSEWITE	kind of work 10B, i	KIND OF	BUSINESS OR INDUSTRY	Maryland	oreign country)		N OF WHAT COUNTR
13. F	FATHER'S NAME Late Martin R	lice		3	14. MOTHER'S MAIDEN N			
Yes,	Wos Deceased Ever in U. S. i, no or unknown) (If yes, give	Armed Forces? wor ar dotes af	service)	SECURITY NO.	17. INFORMANT			ADDRESS
	10			CAUSE OF DEAT	Mrs. Helen H	iill, 4223 Pc	tter St	
	DISEASE OR COND LEADING TO		LY	1 1	0	Salerai.		APPROXIMATE INTERVAL
	(This does not mean the heart laiture, asthenia, etc. injury or complication which	It means the	diseose.	DUE TO, OR AS	A CONSEQUENCE OF:			
	ANTECEDENT		n.)	atheras	icleratie C.V	! Disease	_	10 years
		CAUSES ONS, if any, ouse (A) sloting	giving		USE CARMANY A CONSEQUENCE OF:	! Klisease		10 years
ATION	ANTECEDENT DISEASES OR CONDITION rise la the above co UNDERLYING CONDITION OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REI DISEASE OR CONDITION GIVE	CAUSES ONS, if any, puse (A) slotin N last. HONS CONTRIB LATED TO THE TERM IN PART 1 (A)	giving ng ihe	(c) Bronchis			****************	10 years 12-15 years
RTIFICATION	ANTECEDENT DISEASES OR CONDITION TISE In the above co UNDERLYING CONDITION OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REI DISEASE OR CONDITION GIV 1974. DATE OF OPERATION	CAUSES ONS, if any, puse (A) slotin N last. IIONS CONTRIB LATED TO THE TER ZEN IN PART 1 (A) 1998. CONDITION WAS PERFORMAN	giving ng The SUTING RMINAL).	(c) Bronchis	A CONSEQUENCE OF:	uplypema	FINDINGS	ONSIDERED
CAL CERTIFICATION	ANTECEDENT DISEASES OR CONDITION rise la the above co UNDERLYING CONDITION OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REI DISEASE OR CONDITION GIVE	CAUSES ONS, if any, ouse (A) slotin N last. IIONS CONTRIB LATED TO THE TER VEN IN PART 1 (A) 198. CONDITION WAS PERFORMI	giving ng The SUTING RMINAL (). N FOR WED	(C) Browlies HICH OPERATION PLACE OF INJURY (e.g., i)	La Consequence of:	No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS	ONSIDERED EATH?
MEDICAL CERTIFICATION	ANTECEDENT DISEASES OR CONDITION rise la the above co UNDERLYING CONDITION OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REI DISEASE OR CONDITION GIV 19A. DATE OF OPERATION 21A. A CCIDENT WAS UNDO OR CONTRIBUTING TICAUS	CAUSES ONS, if any, puse (A) slotin I last. IIIONS CONTRIB LATED TO THE TER (EN IN PART 1 (A) 1988. CONDITION WAS PERFORMING SE OF iner)	giving ng ihe BUTING RMINAL .). N FOR WED	DUE TO, OR AS (C) Browchia HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred by the control of the contr	20A AUTOPSY? (Yes or in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	No) 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CAUSES OF DE	EATH?
MEDICAL CERTIFICATION	ANTECEDENT DISEASES OR CONDITION rise la the above co UNDERLYING CONDITION OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REI DISEASE OR CONDITION GIV 19A. DATE OF OPERATION 21A. A CCIDENT WAS UND OR CONTRIBUTING CAUS DEATH (natify medical exomi	CAUSES ONS, if any, puse (A) slotin last. IIIONS CONTRIB LATED TO THE TER /EN IN PART 1 (A) 198. CONDITIO WAS PERFORM! ERLYING SE OF iner) (Year) (Horizontal) otte	giving ng The SUTING RMINAL (). A FOR WED 218.1 home etc.) While Work work ended the	DUE TO, OR AS (C) Browchia HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, sheet, af in the sheet of the sheet	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	No) 208. IF YES, WERE IN CERTIFYING C. (If in Baltime	FINDINGS CAUSES OF DE	exoct location)
MEDICAL CERTIFICATION	ANTECEDENT DISEASES OR CONDITION rise la the above co UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REI DISEASE OR CONDITION GIV 19A. DATE OF OPERATION OR CONTRIBUTING CAUS DEATH (natify medical exomination) 21D. TIME (Month) (Do OF INJURY (APPROX.) 22. I certify that (1) (this that (1) (we) last saw the ond haur and from the co	CAUSES ONS, if any, ouse (A) sloting to the term of th	giving ng The SUTING RMINAL .). N FOR W ED 218. I home etc.) While Work work	DUE TO, OR AS (C) Browches HICH OPERATION PLACE OF INJURY (e.g., if orm, foctory, street, af INJURY OCCURRED At Wark a deceased from March	20A. AUTOPSY? (Yes or INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING C. (if in Baltimo	FINDINGS CAUSES OF DE	exoct location)
MEDICAL CERTIFICATION	ANTECEDENT DISEASES OR CONDITION rise la the above co UNDERLYING CONDITION OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REI DISEASE OR CONDITION GIV 19-A-DATE OF OPERATION 21A. ACCIDENT WAS UND OR CONTRIBUTING CAUS DEATH (natify medical exomi 21D. TIME (Month) (Do OF INJURY (APPROX.) 22. I certify that (I) (this that (I) (we) last saw the ond haur and from the co	CAUSES ONS, if any, ouse (A) sloting to the term of th	giving ng The SUTING (MINAL). N FOR WED 21E. I while work work work on bove. (I)	DUE TO, OR AS (C) Bronchia HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, of INJURY OCCURRED At Wark deceased from March (We) (did) (defent) v M. D. Attention	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID II	No) 20B. IF YES, WERE IN CERTIFYING C. (if in Baltimo	FINDINGS CAUSES OF DE CIty, give of Linion deoth	exoct location) 2 9 19 7/ accurred on the date
MEDICAL CERTIFICATION	ANTECEDENT DISEASES OR CONDITION rise la the above condition underlying Condition OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REI DISEASE OR CONDITION GIV 19A. DATE OF OPERATION 21A. A CCIDENT WAS UND OR CONTRIBUTING CAU DEATH (natify medical exomit 21D. TIME (Month) (Do OF INJURY (APPROX.) 22. I certify that (I) (this that (I) (we) last saw the ond haur and from the co 23A. SIGNATURE 23C (PHYSICIAN'S NAME (Type)	CAUSES ONS, if any, ouse (A) sloting the state of the term of the	giving ng The SUTING (MINAL). N FOR WED 21B. I home etc.) While Work work on bove. (I)	DUE TO, OR AS (C) Browchis HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, of INJURY OCCURRED At Wark deceased from March We) (did) (defense) v M. D. OEGREE Phys	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID flice bidg., INJURY OCCUR? 21F. HOW DID II 21F. HOW DID II	No) 208. IF YES, WERE IN CERTIFYING C. (if in Baltimo	FINDINGS CAUSES OF DE City, give of the control of	exoct location) 29 19 7/ accurred on the dat
MEDICAL CERTIFICATION	ANTECEDENT DISEASES OR CONDITION rise la the above condition underlying Condition OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REI DISEASE OR CONDITION GIV 19A. DATE OF OPERATION 21A. A CCIDENT WAS UND OR CONTRIBUTING CAU DEATH (natify medical exomit 21D. TIME (Month) (Do OF INJURY (APPROX.) 22. I certify that (I) (this that (I) (we) last saw the ond haur and from the co 23A. SIGNATURE 23C (PHYSICIAN'S NAME (Type)	CAUSES ONS, if any, puse (A) slotin N last. IIONS CONTRIB LATED TO THE TER VEN IN PART 1 (A) 1996. CONDITION WAS PERFORM WAS PERFORM IN (Year) (Horizontal) ofter the deceosed off uses stoted at Salahae F. Coola	giving ng The SUTING SMINAL (). N FOR WED 218, I home etc.) While Work work work on the control of the contr	DUE TO, OR AS (C) Browchis HICH OPERATION PLACE OF INJURY (e.g., in, form, foctory, street, of INJURY OCCURRED At Wark deceased from March We) (did) (did occurrence) M. D. OEGREE Phys	20A. AUTOPSY? (Ves or nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID II 21F. HOW DID II 21F. HOW DID II 21F. HOW DID II 23D. ADDRESS 4201 Wilkens	No) 208. IF YES, WERE IN CERTIFYING C. (If in Baltimorn) NJURY OCCUR? 19 0 to 20 to 40 that in (my) (aur) op 10. Shoff Phys. 1	FINDINGS CAUSES OF DE City, give of the control of	exoct location) 29 19 7/ accurred on the date SIGNED

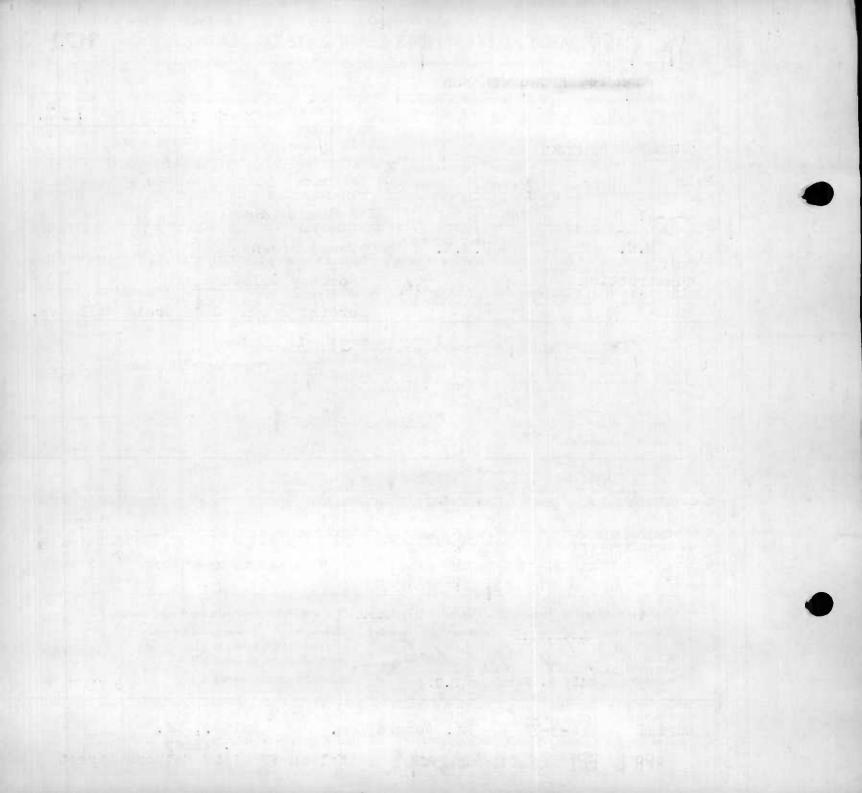




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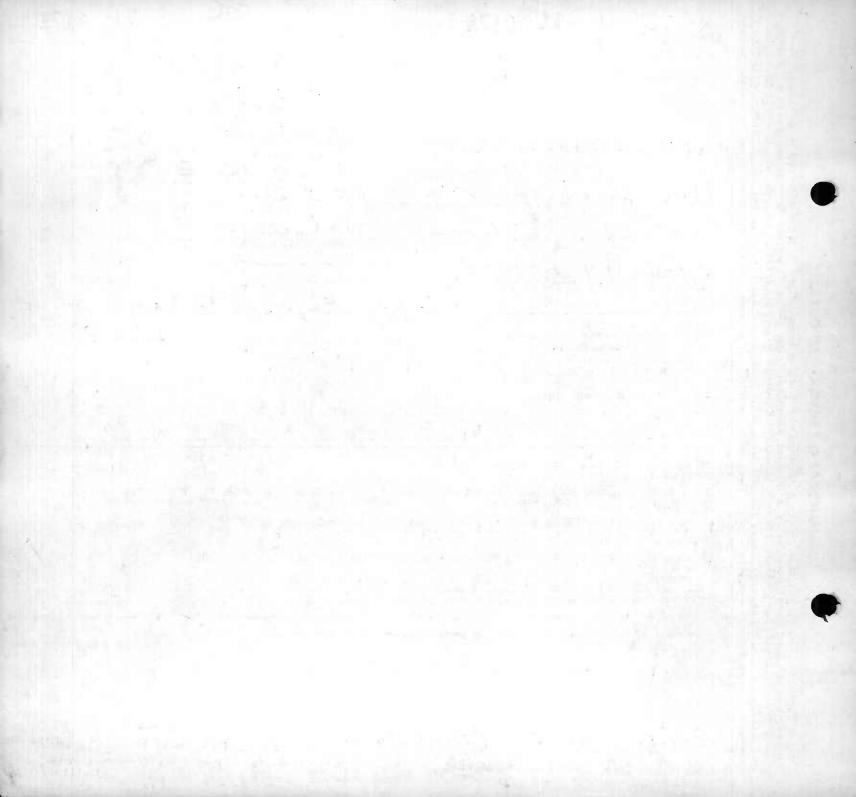
BIR	71 TH NO.	3170	MED	ICAI	EX	AMINER	'S C	CERTIFICA	TE OF D	EATH RE	G. NO.	31	70
1. (Typ	NAME OF DEC	ohn Le	e Bro	wn .	Johr	nson		OF	own	lonth [Doy	Yeor Hour	М.
4. 1	PLACE IN BAI	TIMORE, MA	RYLAND, W	HERE P	RONO	UNCED DEAD		3. DATE		onth I	Doy	Yeor Hou	
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	OITUTIT	N, GIVE STREET		5. USUAL RESIDER	Ма	rch 31,			45 A. M.
4	LUTHE	ERAN HO	SPITAL					A. STATE Mar	yland		YTAU	14	03
6. 5	EX	7. RACE		B. MARI	RIED _	NEVER MARRI	ED X	C. CITY OR TOWI	N	D. 11	VSIDE CITY L	IMITS?	
Ma	Male Negro WIDOWED DIVORCED				Baltimore YES X NO								
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 29				509 Bloom									
11.	BIRTHPLACE (n country)	~ /	12. CI	TIZEN OF	-	13. FATHER'S NA					
	N	.C.			TW	HAT COUNTRY?		James	Brown				
14A			e kind of work	148. KINI			DUSTRY	15. MOTHER'S MA					
don	eduring most of	working life, ev	en ifretired)					1	y Tols	on			
16	WAS DECEAS			FORCE	5?	17. SOCIAL		18. INFORMANT	19 1015	011	ADDR	ESS	
	, no or unknown					SECURITY N	0.	Dorothy	Brown	2008			ATTO
	10 19.	7.50		-		CAUSE O	E DEA		DIOWII	2000	DIUI		AVE.
	5/	1101						etamorphos	is of li	Nor.		BETWEEN ON	ISET AND DEATH
	heart failure	LEADING TO not mean the s, osthenio, etc mplication whi	mode of dy	diseose,		(A)IMMEI DUE T	O, OR	AUSE AS A CONSEQUENCE	E OF:				
NO	DISEASES RISE TO TH	NTECEDENT OR CONDITI E ABOVE CA NG CONDIT	ONS, IF ANY USE (A) STAT ION LAST.	, GIVING		(B)(C)	O, OR	AS A CONSEQUENC	CE OF:				
CERTIFICATION	TO THE DE	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERM	AINAL				******************				
CERI	20A. DATE O	F OPERATIO	V 208. CO	NOITION	FORV	VHICH OPERATION	ON W	AS PERFORMED			21	. AUTOPSY?	(Yes or No)
EDICAL	UNDERLYING		TRIB-		228. Pl hom e,	LACE OF INJUR form, foctory, stre	Y(e.g., et, offic	in or obout 22C. We bldg., etc.)	HERE DID (if in	Boltimore City	, give exact la		
	22D. TIME OF INJURY (APPROX.)		Ooy) (Yeor) (Но	w	E.INJURY OCCU	NOT	WHILE CORK	OW DID INJUR	Y OCCUR?			
	23. I cer	tify that I h	eld an I	nquiry		Inspection			d that on this	basis, deat	h In my api	nion	
	resul	ted from: N	latural cau	ses 🗴	Ac	cident 🗌	Suicio		MEDICAL EXA	determined n	nanner 🗌		
	ACTUAL SIGNAT	URE	hed	2	1/0	wh	M.D	ASSISTANT	MEDICAL EXA	MINER X		DATE	SIGNED
	NAME (IER'S Ror Type)	ald N.	Kor	nblu	m,M.D.		ASSOCIATE	MEDICAL EXA	MINER [_]		3/31/7	1
	A. BURIAL CRE	ify)	248. DATE	-	240			or CREMATORY	24D. LO		City, town, or	county)	(Stote)
25	Buria.		4-3- DEPT.	77 258. I	NAME (Mt. Aut	ouri	n Cem.	RAL DIRECTOR	lto.,	MC .	RESS	
	AP	R1 1	971 R	Bus	23	about M.D.	4	Kelso		1348 0		n Stre	et

VS 151-REV. 1/1/6B



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



25C. FUNERAL DIRECTOR

Mary-Elizabeth Law

258. NAME OF REGISTRAR

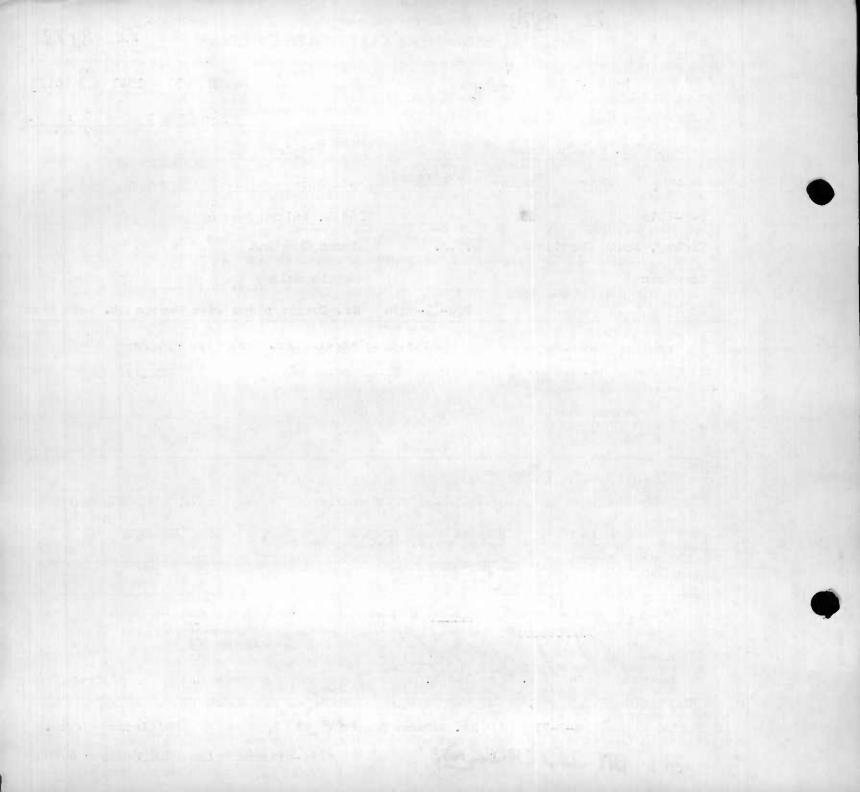
VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

V

ADDRESS

802 Madison Avenue



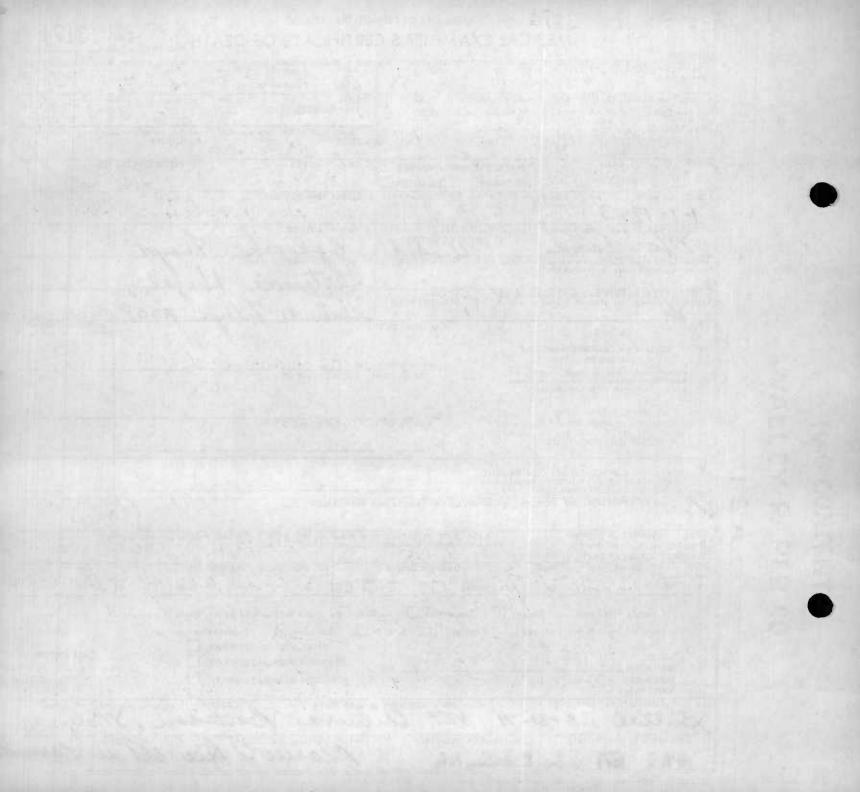
IMPORTANT

FUNERAL DIRECTOR:

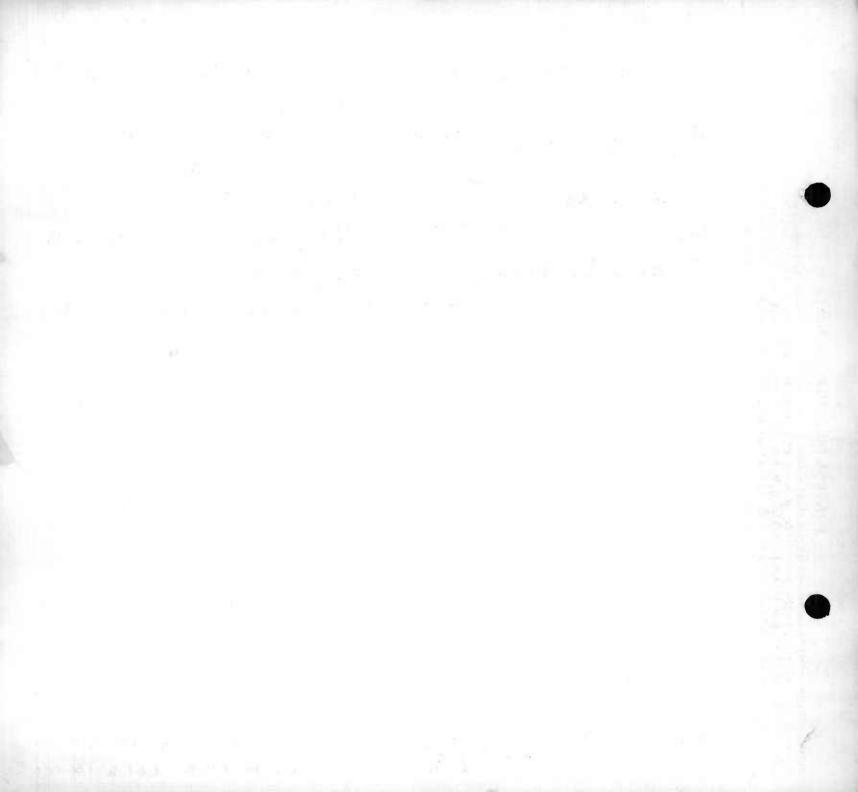
	11 3173 CERTI		TE OF DEATH REG. NO. 71 3173				
	NAME OF DECEASED HENRY G. RIK	4	2. DATE AND HOUR DE DEATH				
FL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD JLL NAME DF OSPITAL OR ADDRESS DR LOCATION) GIVE STRI	EET	A. USUAL RESIDENCE (Where decoosed lived. If institution: residence before admission) A. STATE B. CDUNTY A. STATE C. CITY OR TOWN D. INSIDE CITY LIMITS?				
4	MARYLAND GENERAL HOSPITAL		E. STREET AND NUMBER 5103 LODESTONE WAY				
	WIDOWED ☐ DIVORC	ED 🗍	8. DATE OF BIRTH 9. AGE (In yoors If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.				
dor	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN the during most of working life, even if retired) SALESMAN FATHER'S NAME		11. BIRTHPLACE (Stolo or foreign country) 12. CITIZEN DE WHAT COUNTRY MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME				
	CHARLES A. RUBY		FRANCES H. HUPKA				
15. (Ye	Was Deceased Ever in U. S. Armod Forces? s,no or unknown! (If yes, give wer or doles of service) YES. W. W. III	D.	Mrs. E. Marie Ruby - 5103 Sodestone Way				
	injury or camplication which caused death.) ANTECEDENT CAUSES (B)	OR AS A	SE Palmany Endrus A CONSEQUENCE OF: A CONSEQUENCE OF:				
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	elo	Plones de Come Manuer				
CERTIFIC	WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?				
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR home, form, foctory, s DEATH (notify medical examinar)	Y (e.g., In treet, offi	or obout 21C, WHERE DID (If In Boltimore City, give exect location)				
_	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURR (APPROX.) While At Nork A	RED for While	21F. HOW DID INJURY OCCUR?				
	22. I certify that (I) (this hospital) attended the deceased from 3.22 19 1 to 3.2 9 19 1 that (I) (we) lost sow the deceased give on 3.29 19 11 ond that in (my) (our) apinian deoth occurred an the d						
	and hour and from the causes stated abave. (1) (We) (did) (did) 23A. SIGNATURE GENERAL CHARLES DEGR.	Affen Phys.	ding Med. Stoff Director Phys. D				
	23C. PHYSICIAN'S NAME (Typol BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	DEGREE	MATORY 24D. LOCATION (City, town, or county) (State)				
25A	BURIAL 4271 BALTIMOR DATE RECO BY HEALTH DEPT. 258. NAME OF REGISTRAN	RE (EMETERY BALTO, MD. 25G FUNERAL DIRECTOR ADDRESS FOR THE PROPERTY OF THE PRO				
VS.	150-REV. 1/1/68						

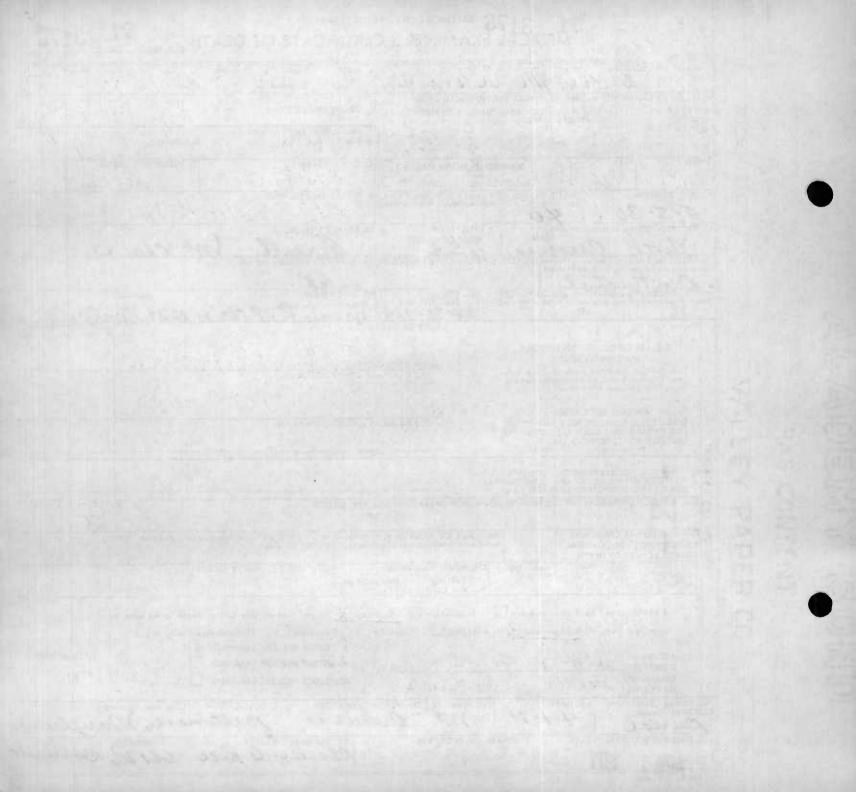


VS 151-REV. 1/1/68



VS 150-REV. 1/1/68

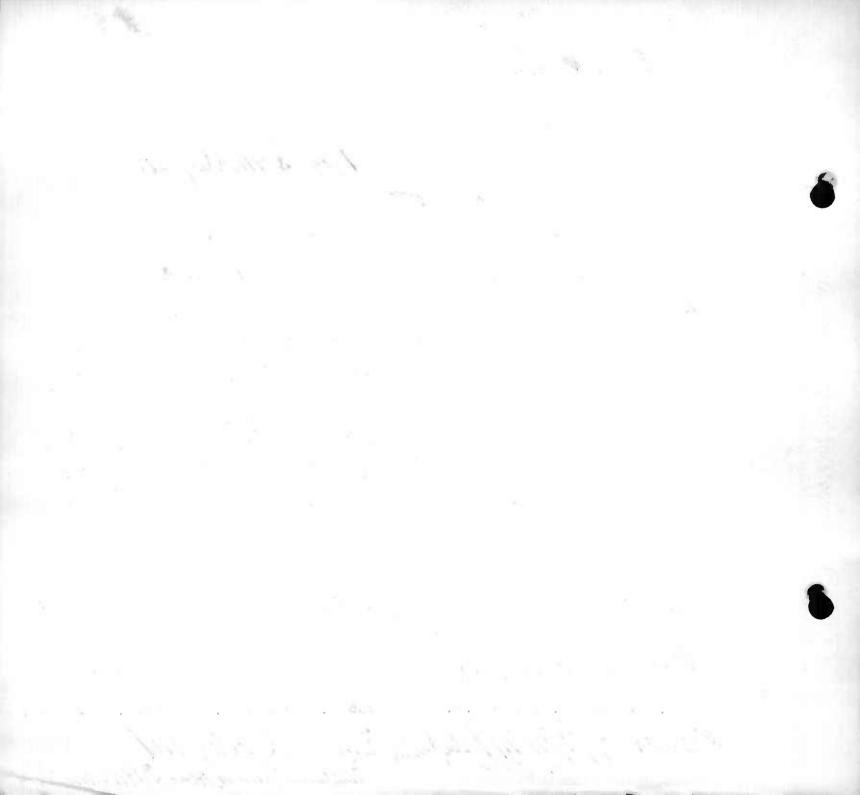




NIAME OF DECEASED		2. DATE Known XX M.	sh D	V E.	
NAME OF DECEASED (pe or Print) Willie Wi	ilson Sparrow	OF EN	3 29	71 Hour	0:05
PLACE IN BALTIMORE, MARYLAND, N		DEMIN	onth Doy	Yeor Hour	
JLL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	3 29	71 1	0:05 a
RINSTITUTION		5. USUAL RESIDENCE (Where dec			
7 7 Union Memo	orial Hospital	A. STATE Md.	B. COUNTY	186	12.
SEX 7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CI	ITY LIMITS?	
male Negro	WIDOWED DIVORCED	Balto.	YI	ES NO]
DATE OF BIRTH [an . 24, 1929] [an . 24, 1929]	In years If Under 1 Yr, If Under 24 Hrs, oy) Months, Doys, Hours, Min.		ltimore St.		
BRITHPLACE (Stote or foreign country) Balto. Md.	12. CITIZEN OF WHAT COUNTRY?	John Sparrew			
A.USUAL OCCUPATION (Give kind of work	14B. KIND OF BUSINESS OR INDUSTR		5-7-10-		
Truek drive de king life, even if retired)		Mamie Stataley			
. WAS DECEASED EVER IN U.S. ARMEI	of service) 17. SOCIAL	Catherine Sparr	ALLA W	DDRESS	1+
19.	CAUSE OF DEA				ATE INTERVAL
	Usznant	ensive and arterio	anlamatic -	DETWEEN OF	SET AND DEA
DISEASE OR CONDITION DIRE	ECTLY			ardiovasc	ular
LEADING TO DEATH	(A)IMMEDIATE C	cause disea	se		
(This does not mean the mode of di heart failure, asthenia, etc. It means th	e disease,	AS A CONSEQUENCE OF:			
(This does not mean the mode of di heart failure, asthenia, etc. It means th injury or complication which coused de	e disease,	AS A CONSEQUENCE OF:			
heort foilure, osthenio, etc. It meons th injury or complication which coused de ANTECEDENT CAUSES	e disease, oth.)				
heart failure, asthenia, etc. It means the injury or complication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN	(B)	AS A CONSEQUENCE OF:			for the analysis and the distribution as the
heort foilure, osthenio, etc. It meons the injury or complication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA LINDERLYING CONDITION LAST.	(B)				
heort foilure, osthenio, etc. It meons the injury or complication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA LINDERLYING CONDITION LAST.	(B)				
heort foilure, osthenio, etc. It meons the injury or complication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA LINDERLYING CONDITION LAST.	(B)				
heort foilure, osthenio, etc. It meons the injury or complication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA LINDERLYING CONDITION LAST.	(B)	AS A CONSEQUENCE OF:		2) AUTODOV	(Yes or No.)
heort foilure, osthenio, etc. It meons the injury or complication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FROM THE CONDITION OF THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FROM THE CONDITION OF THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FROM THE CONDITION OF THE CONDITION	(B)	AS A CONSEQUENCE OF:		21. AUTOPSY?	(Ýes or No)
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The Please Clayle () goden Wilderland Car Little 1208 (Jan 1904) North

		4-400 71 31	BALTIMORE CITY	HEALTH DEPARTMENT		
	BIR	7-900 /1 3]	179	TE OF DEATH	REG. NO.	71 9178
	1.1	PAME OF DECEASED	1	2. DATE AND	HOUR OF DEATH	20/ 0
	3.	PLACE IN BALTIMORE, MARTLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived, If instit	om . M. oution: residence before odmission)
	FU	LL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	129 5	morley -	St. 2.047
	IN:	Pennsylvania all		Baltimore		CITY LIMITS?
	4	I would be in	. //	E. STREET AND NUMBER	n. 6	ES NO D
5	5. 5	EEX 16. RACE 17. MARCH	sipy Heme	B. DATE OF BIRTH 19.	welly s	?
E	F	emele 11egro Widow	RIED NEVER MARRIED WED DIVORCED	June 22 1907	AGE (In years In the state of t	Nonths Days Hours Min.
		. USUAL OCCUPATION (Give kind of work 10B, KIN eduring most of working life, even if refired)	D OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or fareign		12. CITIZEN OF WHAT COUNTRY?
	13.	SMESTIC Worker		Portsmouth,	05,	USA
200		Democra Marca		14. MOTHER'S MAIDEN NAMI		
	15. \ (Yes	Wos Deceated Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	LOWIS	ADDRESS
		N	098-20-8678	Chart	George	apple of the Main H
5		DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1 DIAM	On au	SETWEEN ONSET AND DEATH
		LEADING TO DEATH	(A) IMMEDIATE CAU	seal Affor	afty	Days
		(This does not meen the mode of dying, heart failure, asthenia, etc. It means the dise injury as complication which caused death.)	G.C., DITE TO OR LE	CONSEQUENCE OF:	Errocless	til 11
		ANTECEDENT CAUSES	(s) The	oto Disea	se)	Jeans
		DISEASES OR CONDITIONS, if any, gitise to the obave cause (A) sloting	ving (8) OR AS	A CONSEQUENCE OF:	1	Wa-
		UNDERLYING CONDITION lost.	(c)Clab	ers melli	lus	Jean
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG We	mia/ nepla	oselewsi	a yea
	ICA1	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************	20A. AUTOPSYZIYES OF NO!	20B. IF YES, WERE FIND	DINGS CONSIDERED
	E	WAS PERFORMED		NO	IN CERTIFYING CAUSES	S OF DEATH?
	4	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, all ele.)	or obout 21 C. WHERE DID	(If In Boltimore Cit	ty, give exact location)
	000		21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
	2	(APPROX.)	While At At Work			
		22. I certify that (1) (this haspital) attended		/ / /		ECH 28 1971
	- 1	that (1) (we) last saw the deceased olive and haur and from the causes stoted obove		19and that	ir(my) (aur) opinion	deoth occurred on the date
		23A. SIGNATURE	/ 4 4		238	L DATE SIGNED
	4	Michaeld ypor	DEGREE Phys.	Director Phy	off ys.	MARCH 28, 71
		Dr. Richard F. Tyso	on M.D.	936 W. North A	luo Pol	150 44 21217
	24A.	BURIAL CREMATION, 24B. DATE	NAME of CEMETERY OF CRE	936 W. North A		1 to. Md. 21217
	A-	Wild 4/1/7/	11 Cluxaises	Cem. 130	alte- 1/1	
	A	PR 1 1971 Q. 2. 4 9 32 6	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	and Days	919 Habrardy As
11	/S 1	50-REV. 1/1/68		fromment fall	way / Junice	111/2011/100/11/4



	ed in a hospital and ting cause of death d cause; (5) Deceased r attendance on the prior to death. Such
RTANT	ssistant if death occurrate direct or contribut kind; (4) Undetermine death was in regulance on the deceased final disposition is made
FUNERAL DIRECTOR: IMPORTANT	al examiner or his as lexaminer. Also, if (3) A fracture of any an who pronounced in regular attendans are embalmed or
FUNERAL D	d by the chief medica ospital by a medica ture; (2) Body burns; it where the physici (6) No physician was
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

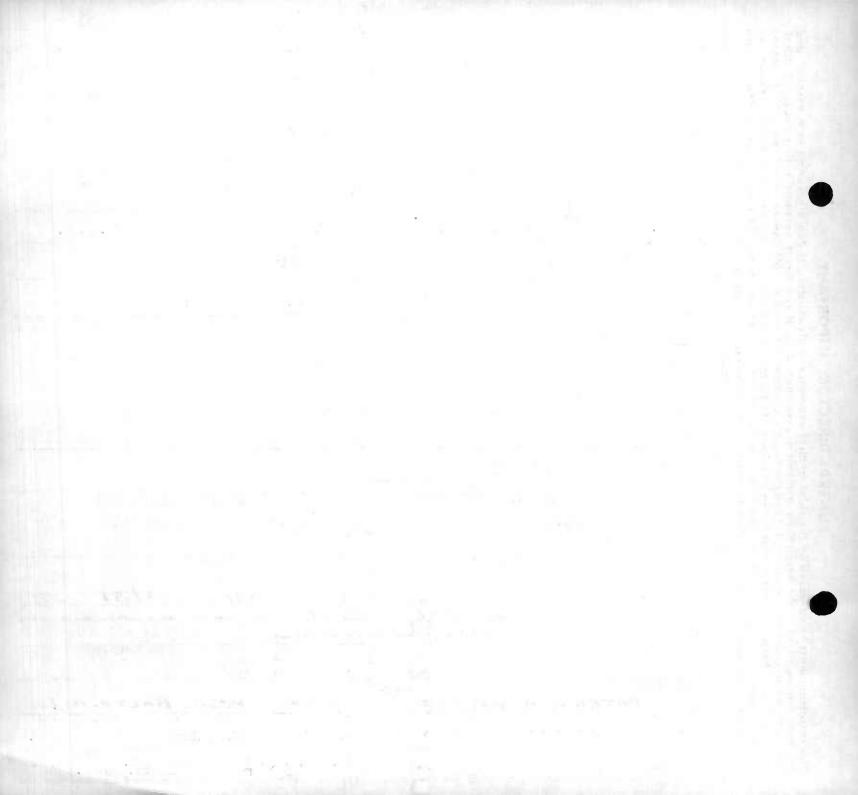
	4 - 7/6 1 Sk43 -	Y HEALTH DEPARTMENT REG. NO.
111	NAME OF DECEASED	71 2470
Ту	pe or Print) Olenie Haskins	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission)
H	JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	maryland 2006 C. CITYLOR TOWN / D. INSIDE CITY LIMITS?
R	Dukeland Nursing Home	E. STREET AND NUMBER
5	SEX 6. RACE 7. ALADRICO WALLING MAD DIS	30 South Ella mount St.
F	Emale, Nearn WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yours last birthday) 12-19-04. In Under 1 Yt. Il Under 24 Hrs. Months Doys Hours Min.
dor	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Three Christian	Tet Christian (Izetta)
(Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) Ilf yes, giva war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
-	216-14-3760-	A 150/ N. Dukeland STreet
	DISEASE OR CONDITION DIRECTLY APPTEAL	OSCLORATIC CARDIOUASCULAR SETWEEN ONSET AND DEATH
	LEADING TO DEATH	ISE DISEASE
	heart failure, astherno, etc. It means the disease, injury ar complication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	ALTERIOSCIEROSIS Unk
		A CONSEQUENCE OF:
	UP DERLYING CONDITION last. (C)	***************************************
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	VIC NEPHRITIS
11 9	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? IYOS OF NO. 20R. IF YES, WERE FINDINGS CONSIDERED
CERTIF	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY leag., in home, form, factory, street, off	n or obout 21 C. WHERE DID (It in Bollimore City, give exect location) fice bidg., INJURY OCCUR?
	21D. TIME IMonthi (Day) (Year IHour 21E INJURY OCCURRED OF INJURY IAPPROX.) White At Not White	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this haspital) attended the deceased from	2/2: 10/21 2/22 2:
	2/	19 7/ and that in(my) (our) apinion death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did not) vi	
	23A. SIGNATURE	23 B. DATE SIGNED
	23C.PHYSICIAN'S	ading Med. Sheff Sheff 3/3//7/
	N. ALAN HARRY M.D.	4200 EDMONDSON AVE, BATIMORE, MD.
24A	BURIAL CREMATION, 24B, DATE 24C, NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) IStole
25A	DURIN HAJAH DEPT. DOZOR NAMEDER REGISTRAR	25C, EUNERAL DIRECTOR ADDRESS
	WAK T MAI nowing or demont were	Merken's Drett F.H. 1701-LAURENS St.



VS 150-REV. 1/1/68

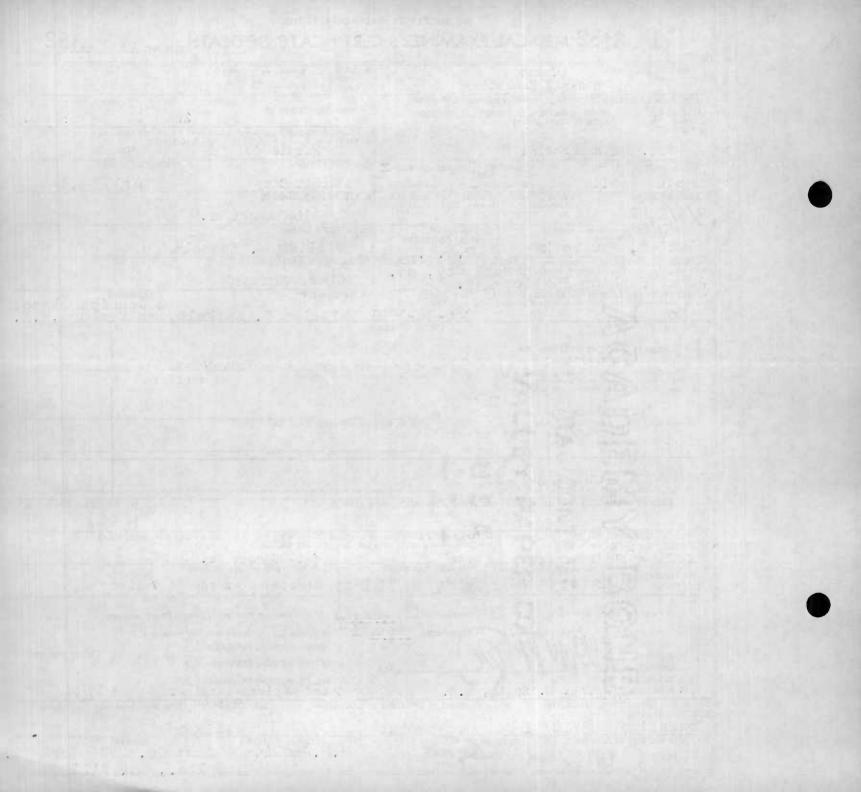


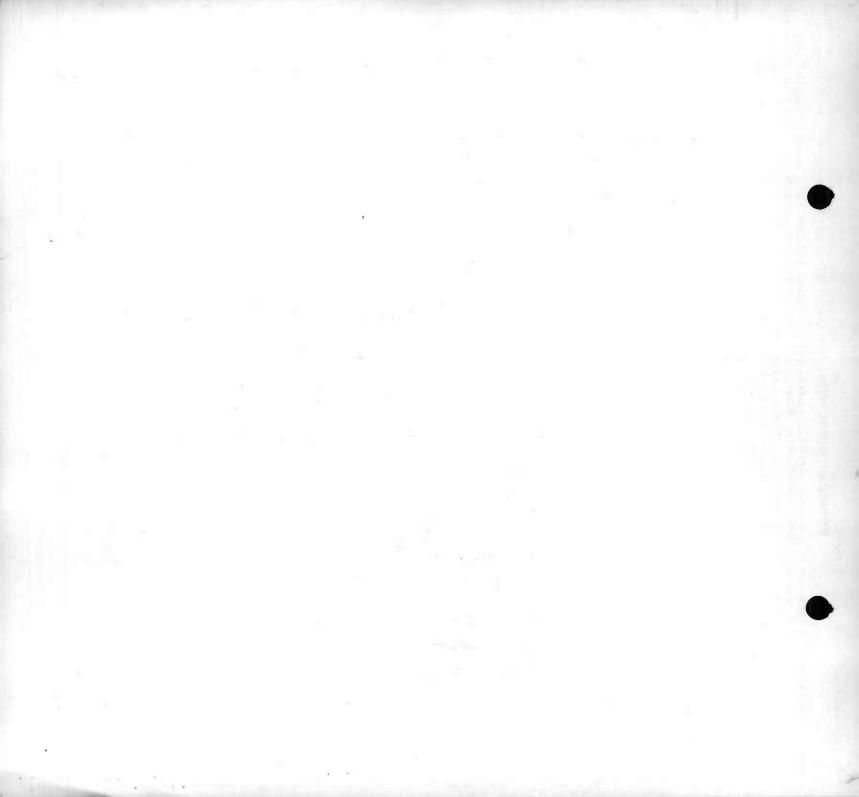
F14 0.01	BALTIMORE CITY	HEALTH DEPARTMENT	,	71 3181
віятн No. 71 3181	CERTIFICA	TE OF DEATH	REG. NO	17 2101
1. NAME OF DECEASED LARLES HE	Froheck	ler 2. DATE 3	ND HOUR OF DEATH	1 12:30
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. II	institution: residence belore admis
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	Maryland		903
INSTITUTION	1	Baltimore	D. IN	YES NO
3/ Mercy Ho Spin	tal	E. STREET AND NUMBER		YES" NO
THEREY !! SP!!	112	765 McKewii	n Avenue	
///	NEVER MARRIED	8. DATE OF BIRTH 11-22-1898	9. AGE (In years lost birthday)	fl Under 1 Yr. Il Under 24 Months: Doys Hours Mi
WIDOWED			72	
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired) Ret'd. Foreman Wester	Co. n Stevedore	Baltimore,	Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Frederick Strohecker		Mollie S	Schell	
5. Was Deceased Ever in U. S. Armed Forces? Yas, no or unknown] [iif yes, give war ar dotes of service]	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	212-01-3764	A Mrs. Ch	arles Stro	hecker Same
18.4/0.01	CAUSE OF DEATH	ACUTE My	DCARDIAL	APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1 1 1 T		
(This does not mean the mode of dving, e.g.,	(A) IMMEDIATE CAU	SE IN FARCTI	VIU	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)) (CONSEQUENCE OF:		
ANTECEDENT CAUSES	H.S	HIN		
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF	11000	8-11/ B
rise to the above cause (A) slating the UNDERLYING CONDITION tast.	- Alt	HADSCLER	OCIC	ENSIG
ONDERENTO CONDITION (est	(C)(\)(\)(\)	THEFT	V362	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL IDISEASE OR CONDITION GIVEN IN PART 1 (A).	******************			***************************************
19A. DATE OF OPERATION 19R. CONDITION FOR WWAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No	20 B. IF YES, WERE	FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. F OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	LACE OF INJURY le.g., in form, foctory, street, old	or about 21 C. WHERE DID ice bldg. INJURY OCCUR?	(If in Boltima	ore City, give exact location)
21D-TIME (Month) (Doy) (Year) (Hour) 21E I	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While	Not While			
22. I certify that (1) (this hospital) attended the		123	19 7/_to	3/30 197
that (4) (we) last saw the deceased alive on	3/30	19 7/ and th		Inion death accurred on the
and have and from the causes stated above. (*)	(We) (did) (did no t) vi	ew the body after deoth.		
23A-SIGNATURE	S I AM	4: - 4: -	c	23 B. DATE SIGNED
Y GIRICK H. /Ma	Oly BECREE Phys.	ding Med.	Phys.	13/30/7/
23C.PHYSICIAM'S NAME (Type)	$(m.q^2)$	3D. ADDRESS		/
	LONS, DEGREE	MERCY		BALTO. Md.
246. BURIAL CREMATION, 24B. DATE 24C.NA	ME of CEMETERY OF CRE	ardens		ity, town, or county) (State
	ılaney Valley	Memorial	Timonium	n, Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR	kins_& Son	S CO. ADDRESS
APR 1 1971 R. S. E. 3	riber N.D.	4905 Y	kins & Son rk Road E	Balto., Md. 212



BALTIMORE CIT	/ IIC A 1 711	DCD 4 DT . IF. IF	
BALTIMORE CITY	Y HEALIH	DEPARTMENT	

71 3182 BIRTH NO.	MEDICAL	EXAMINER'S			DEAT	H REG. NO	.71	3182
I. NAME OF DECEASED (Type or Print) Ela	Diane ine/Kaske	ela	2. DATE OF DEATH	Known 🖾	Month	Doy	Yeor	Hnur
4. PLACE IN BALTIMORE, MAR	YLAND, WHERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
FULL NAME OF (IF NOT I HOSPITAL ADDRESS OR INSTITUTION	IN HOSPITAL OR INS S OR LOCATION)	TITUTION, GIVE STREET		NCED DEAD SIDENCE (Where	3	29	71	9:30 р.м.
40 St. Agnes H	ospital		A. STATE	Maryland	Gecesses th	B. COUNTY		
6. SEX 7. RACE	B. MARI	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	
female white	WIDO	VED DIVORCED		ott City			YES K	NO O
	0. AGE (In years ost birthdoy) 28	Months Doys Hours Min.		ND NUMBER 8314 Suns	at Dr			
I. BIRTHPLACE (State or foreign		12. CITIZEN OF	13. FATHER'S		er Dr.		-	
Utica, New 1	Tork	WHAT COUNTRY?	Wil	liam N.	Kask	olo		
44 LISTIAL OCCUPATIONICS	ind of week! I AR KINI	OF BUSINESS OF INIDUSTRY	15. MOTHER	'S MAIDEN NAM	AE	ola		
one during most of working life, even	(I retired) HOWS	ard Ctv. Md.		re Morga				
Johns Hopkins 6. WAS DECEASED EVER IN U.	S. ARMED FORCE	Lab.	18. INFORM		211		ADDRESS	
Yes, no or unknown) (II yes, give wo	r or dotes of service	SECURITY NO.			75 3	6	Jessic	a Place
No lie.		086-36-392 CAUSE OF DEA		liam N.	Kaske	la. W	hitesh	PROXIMATE INTERVAL
1-1-2-1-X	/	CAUSE OF DEA	""					TEN ONSET AND DEATH
DISEASE OR CONDITI								
(This does not mean the m		(A)IMMEDIATE C	AUSE Pne	umonia co	mplica	ting Va	alium	
heart failure, osthenia, etc. It Injury or complication which	meons the diseose,	DUE 10, OR A	S A CONSEQU	JENCE OF:	0	verdos	e	
	,							
ANTECEDENT CA		(B)		**************				
RISE TO THE ABOVE CAUS	E (A) STATING THE	(B) DUE TO, OR	AS A CONSEQ	UENCE OF:				
UNDERLYING CONDITIO	N LAST.	(c)						
<u> </u>								
OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RE DISEASE OR CONDITION G	ELATED TO THE TERM	INAL						
		FOR WHICH OPERATION WA	S PERFORME	D			21. AUTO	PSY? (Yes or No)
0 2	Carlotte St							
22A. EXTERNAL CAUSE W	AS	228. PLACE OF INJURY (e.g.,	In or obout 22	C. WHERE DID (If in Boltimor	e City, give e	xact location)	S
UNDERLYING OR CONTR		home, lorm, loctory, street, office	bldg., etc.) IN	JURY OCCUR?		/	0 4 4	
22D. TIME (Month) (Doy		nome 22E.INJURY OCCURRED	22	8314 Suns	et Dr.	IP2	300	
OF INJURY	71 ?	WHILE AT NOT		ngested o			1 i	
23.		m. WORK AT W	ORK (ingested 0	verdos	e or va	a I I UIII	
I certify that I hel	d an Inquiry [opsy X	and that on th	is basis,	death in my	y opinion	
resulted from Nat	ural causes	Accident Suicid	e X Hor	nicide 🗌 🛮 l	Indetermir	ed monner		
1 40000	11/1/1/1/1/	5/1	С	HIEF MEDICAL E	XAMINER			DATE CICALED
ACTUAL SIGNATURE		M,D	ASSIS	TANT MEDICAL E	KAMINER			DATE SIGNED
EXAMINER'S				LATE MEDICAL E	KAMINER			
NAME (Type) Wern			uty Chi	ef Medica:		iner	3/3	0/71
24A. BURIAL CREMATION, 24B	. DATE	24C. NAME of CEMETERY	or CREMATOR	24D. I	OCATION	(City, low	vn, or county)	(Stote)
	/18/71	Greenmount		E	Baltin	ore		Md.
25A. DATE REC'D BY HEALTH DE	PT. 258, N	AME OF REGISTRAR	25C. FI	JNERAL DIRECTO	R		ADDRESS	
APR 1 1971	Robert E.	labor N.D.	H.W	Jenkins	& Sc	ns Co	. 4905 Md 21	York Rd
C 161 DEM 2010								Control of the Contro





IMPORTANT

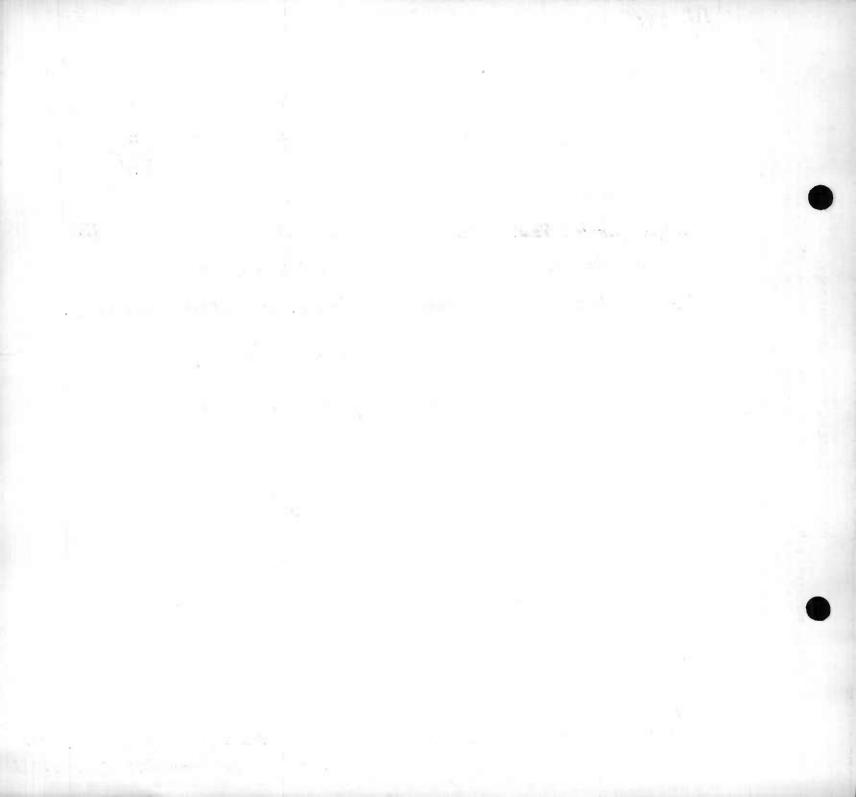
DIRECTOR:

FUNERAL

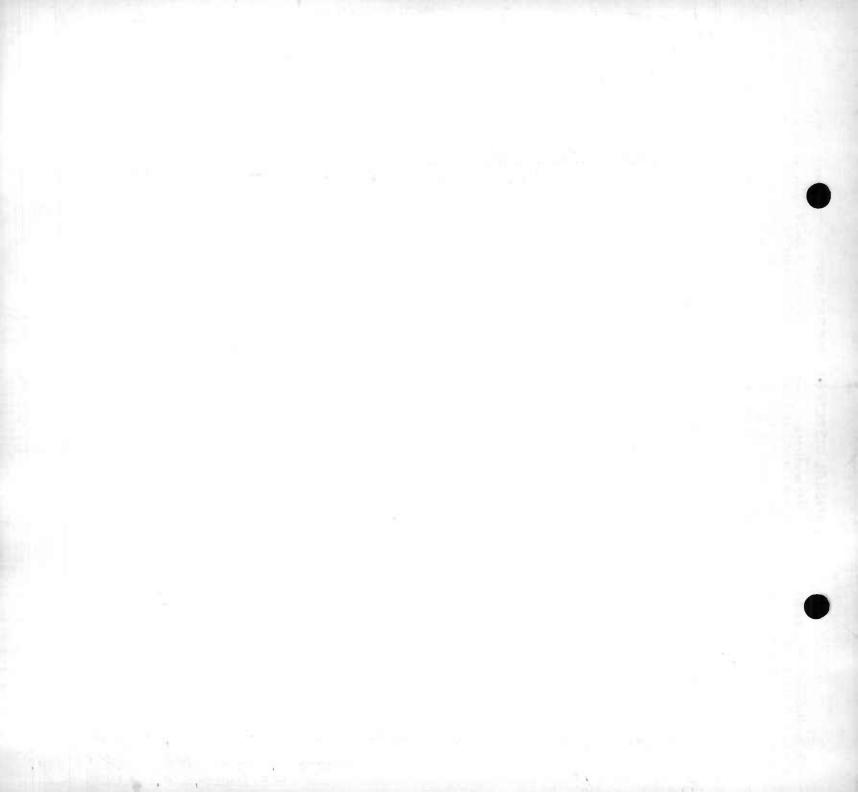
BALTIMORE CITY HEALTH DEPARTMENT 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence D. INSIDE CITY LIMITS? YES T NO T Greens Il Unde Yr. If Under 24 Hrs. Hours i Min. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Foxe 3722 Garrison Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Tracheal Bleeding 20A- AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Boltimore City, give exoct location) and that in (my) (aur) opinion death accurred on the date 238, DATE SIGNED (City, town, or county) (State) Baltimore, Maryland Arlington S. Phillips 1727 N. Monroe Street VS 150-REV. 1/1/68

	BALTIMORE CITY HEALTH DEPARTMENT
	71 3185 CERTIFICATE OF DEATH REG. NO. 11 3185
	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	DENJAMIN SNOW DEN. 19 7/ 10:05 AM
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived, If institution: residence before admission) A. STATE B. COUNTY
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET May and 2543
13	SOUTH BOTTON
	3001 S. Hanne YES WILL PROPERTY OF STREET AND NUMBER
5	Battimere maniford 21230 2424 Unnor Ct.
1	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours Months Doys Hours Min. Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY M. BIRTHPLACE (Stola or foreign country) 12. CITIZEN OF WHAT COUNTRY?
100	ne during most of working life, even if retired)
13	FATHER'S NAME
	The mother smaller name
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
	s, no or unknown) (If yos, give way or dates of service) NWT ADDRESS ADDRESS ADDRESS
1	18. TANKS OF PLANE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	The state of the s
	(This does not meon the mode of dying, e.g., beet foilure, astheric, astructure, astheric, astheric, astheric, astheric, astheric, asthe
	heart foilure, osthenio, etc. It means the disease injury or complication which coused death.)
	ANTECEDENT CAUSES FRANKLING (1)
	DISEASES OR CONDITIONS, II any, giving DUE TO, OR AS A CONSEQUENCE OF
	UNDERLYING CONDITION jest.
	(E) CONTINUE CONDITION 10SE
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING MICHAEL CONTRIBUTING
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].
F	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSYTTES OF No. 208. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	2 1 million fully fulling Com
ш.	21A. A CCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (6.6. in or about 21C. WHERE DID (if in Baltimora City, give exact locottan) home form, foctory, sheet, office bidg., INJURY OCCUR?
N O	DEATH (notify medical examples) with the proof of the proof of Ballism Md. 21 D. TINGE (Month) (Bay) (Your (Hour 21E, INJURY OCCURED 21F, How DID INJURY OCCUR?
MEDI	OF INTURY (Month) (May) (Your (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
>	LAPROXI CO. 15, 1971 Work At Work & Satient Lell at home
	22. I certify that (I) (this hospital) attended the deceased from fib. 15 19 71 16 Mar. 29 19/1
II.	ond that in (my) (our) opinion death occurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	23A. SIGNATURE Attending Med. Shoft W. 23B. DATE SIGNED Physical Shoft W. 28 1971
	23C. PHYSICIAN'S NAME (Type) OEGREE Attending Med. Shoff Shoff Phys. Director Phys. 22D. ADDRESS OEGREE Attending Med. Shoff Phys. 27 Phys. C Phy
	KOBERTO R. CAN 12000 MD South Betting Him the
24/	BURIAL CREMATION 24B. DATE 124C NAME of CEMETER CREMATOR
1	Survey 4-2-7/ Ball. Wat. Cont.
25/	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 258. EUNERAL DIRECTOR ADDRESS
	18 1 House E. Radey Ra ; Coullson 100 Branting M





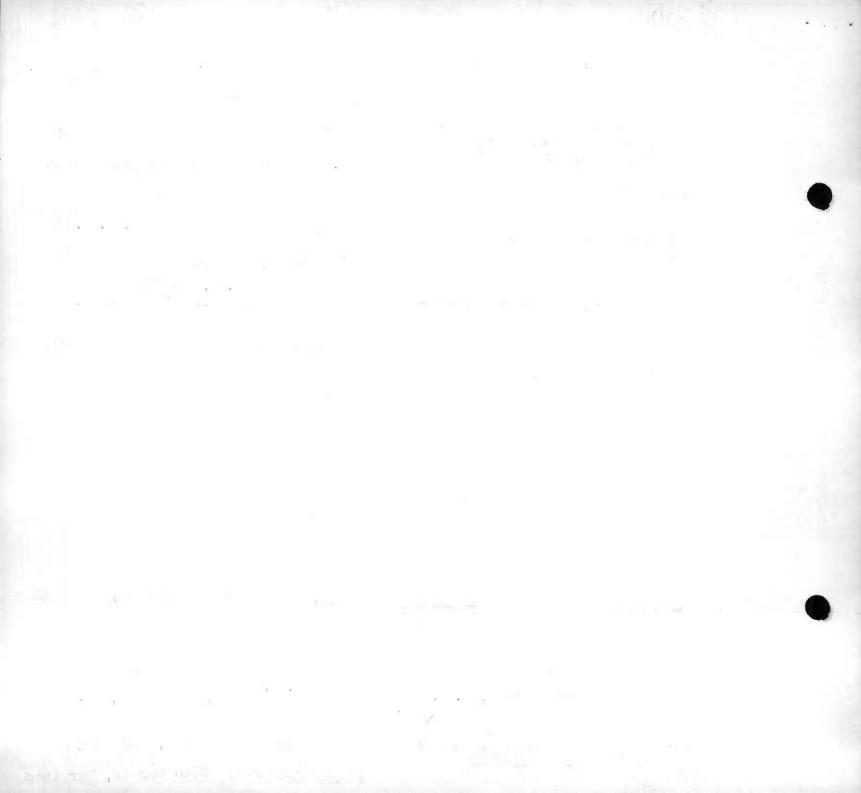
N 21 71 2200	BALTIMORE CIT	Y HEALTH DEPARTMENT		71 3187
N - 245 11 3187	CERTIFICA	TE OF DEATH	REG. NO.	17 2701
1. NAME OF DECEASED THERESA (Type or Print) MARY NISLEIN		2. DATE A	8/7/	1 8 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE INT.	ere deceased lived, Il in:	stitution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ION, GIVE STREET	C. CIPY OR TOWN	Ho City	2534 DE CITY LIMITS?
		Balto Md		YES NO
YO Harbor View Nursing	Home	E. STREET AND NUMBER 422 Freema	n St	
F WIDOWED	NEVER MARRIED [] DIVORCED [8. BATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRI	11. BIRTHPLACE (State or lore	eign country!	12. CITIZEN OF WHAT COUNTRY
Donestie		md		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Lawrence Nesleen		margaret &	affer	
15. Was Deceased Ever in U. S. Armed Farces? (Tes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
70	212-14-9779	Bretter	422 Free	man St
18. 1804	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A DESCRIPTION OF THE PROPERTY		us à Moto.	BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAI	A CONSEQUENCE OF:	***********************	
injury of complication which coused death.)	15	0 1/ 1		7
ANTECEDENT CAUSES	(B) A-0.	C. C. Re	weave-	
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		*********
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(c)			
		,	4	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	- Thomas	al Palate	eal herman	vi 48 knus
19A-DATE OF OPERATION 19B CONDITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes or No	208 IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	ACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. WHERE DID	(il to Boltimore	City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hour) 21E II	NJURT OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX) While Work	At Work			
22. I certify that (I) (this hospital) attended the			19 <u>7 /</u> to	128 1971
that (I) (we) lost sow the deceased alive on	3/5	197/ond th		Ion death accurred an the date
ond hour ond from the couses stoted above. (I) (23A. SIGNATURE	We) (did) (did not) v	lew the body ofter death.		
Juen S. Ble	Atte Phy	nding Med.	Shaff Phys.	3/29/71
23C. PHYSICIAN'S NAME (Type)	UM MD	23D. ADDRESS	PALVERT	-57-
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	E of CEMETERY OF CRI	MATORT 24D. L	OCATION (City	, town, or county) (Stole)
Burial 3/31./71. Ho	ly Cross (Cemetery 1	Baltimore,	Maryland
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF		George J.	Gonce 400:	Ritchie Hgy.
APR 1 1971 (Robert E. Jarben	1.0	Poli	timore. Md	21225



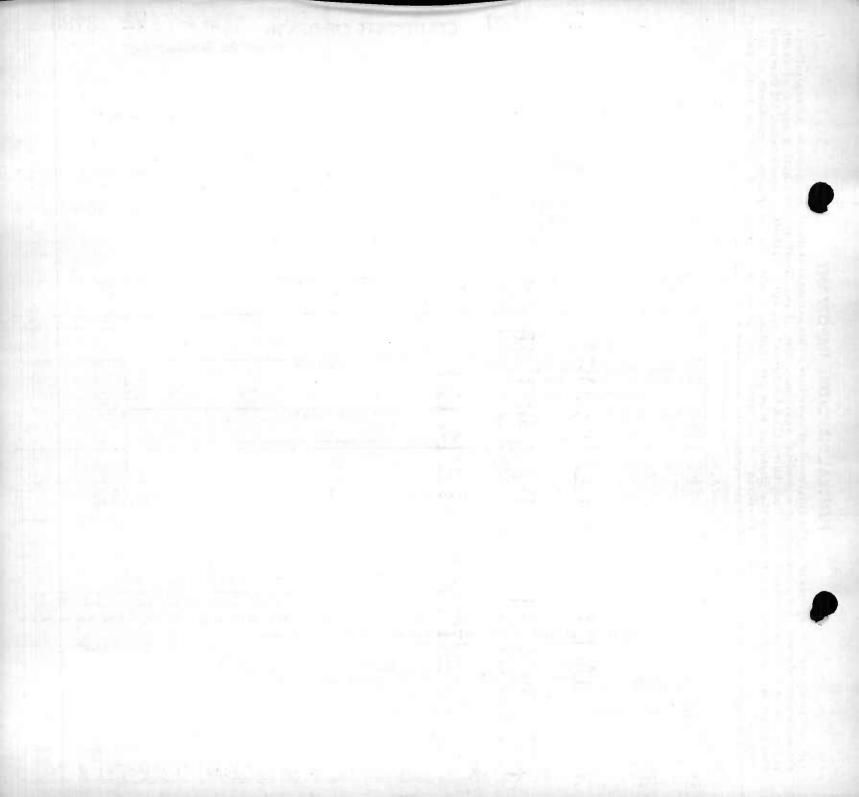
VS 150-REV. 1/1/68



1 000	BALTIMORE CITY	HEALTH DEPARTMENT	V	71 3189
B/RTH NO. 71 31	R9 CERTIFICA	TE OF DEATH	REG. NO	- 0100
(Type or Print) FOY, WOODROW	FRANK		rch 28, 197.	l 1 8.35 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UN CED DEAD		re deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET		Arundel	5200
Veterans Administr	ation Hospital	Pasadena	D. INSI	DE CITY LIMITS?
23 3900 Loch Raven Bo		E. STREET AND NUMBER		ILTO MO [A]
Baltimore, Marylan	d 21218	Rt. 10 Box 45	Swist Ro	ad (Lake Shore)
Male Caucasian WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	5-13-13	9. AGE (In yeors last birthdoy) 57	Nonths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of wark 10B, KIP done during most of warking life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or late	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Self Employed	North Carolin	ıa	U. S. A.
Grane Operator Sin Foy		14. MOTHER'S MAIDEN NAM	ME Llowhorn	
15. Was Decaused Ever in U. S. Armed Forces? (Yes, no ar unknown) Of yes, give wer or dates of ser	1 6 SOCIAL	17. INFORMANTRecords	V. A. Hosp	ital ADDRESS
Yes 5-17-43 to 12-24		3900 Loch Raver		
18. 162.11	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Carcinoma d	of the Tung	8 Months
This does not mean the mode of dving.	e.g., (A)IMMEDIATE CAU	A CONSEQUENCE OF:	or one mand	
heort failure, asthenia, etc. It means the dis injury or complication which caused death.)	ease,	A CONSEGUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any,	iving (B)	A CONSEQUENCE OF:		
rise to the above cause (A) stoling UNDERLYING CONDITION lost.	(c)			
11	(-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM ODISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL	************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Incitive medical examined	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
21D. TIME [Month] (Doy) (Yoor) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At At Work	• 🗆		
22. I certify that XII (this hospital) attend	ded the deceased from	larch 27.	9 71 to Man	reh 28, 19 71
that (1) (we) last saw the deceased alive	on March 28,	19 71 and the	nt in (knyk) (our) opin	nion death occurred on the date
and hour and from the causes stated abo	ve. (4) (We) (did) (did not) v			
23A, SION ATURE				23B, DATE SIGNED
rederk Caese	DEGREE Phys	nding Med. Director	Shaff Phys.	3-28-71
23C. Physician's NAME (Type) Frederick Pear	son, M. D.	3900 Loch Raven	Hospital Blvd., Balt	timore, Md.
24A. BURIAL CREMATION, 24B. DATE 2.	DEGREE 4C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (Cit	y, town, ar county) (State)
Burial March 31/7	L Glen Haven Ma	emorial Park	len Burnie	Maryland
25A. DATE REC'D BY HEALTH DEPT. 258-NA	ME OF BENSTRAR	25C, FUNERAL DIRECTOR	Single	eton Funeral Home
APR 1 SVI COLOR CO		1. Le Romadale	m Preu	Burnie, Maryland



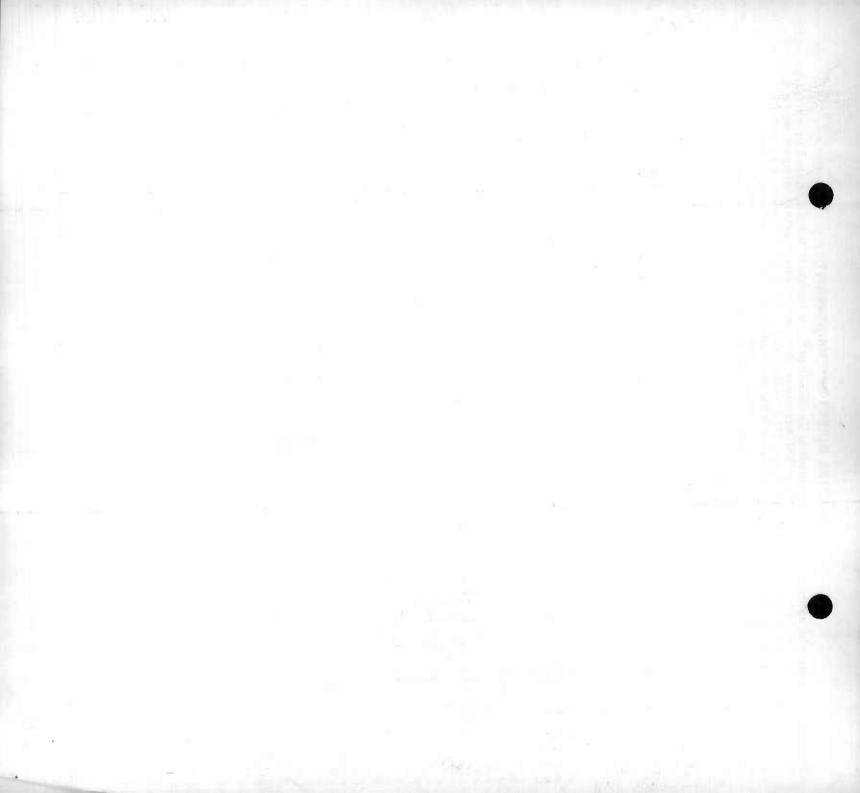
1	1/ 000	i ma	- 00	BALTIMORE CITY	HEALTH DEPARTMENT		page 4
115	RVH NO.		3190	CERTIFICA	TE OF DEATH	REG. NO	71 3190
ίŤ	NAME OF DECE		IFC.	HOWSKI,	MARTIN 3	3//2/	1 8 3CA
3,		MORE MARYLAND, W			4. USUAL RESIDENCE (Whe	re deceased lived. If in	institution: residence before admission)
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	UTION, GIVE STREET	MARY L	4 N D	SIDE CITY LIMITS?
1	75				BALTIMO E. STREET AND NUMBER	RE	YES NO
-		BALTO. GI			4708 PR	U DEMIC	
	M	S. RACE	WIDOWED		4-4-04	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUI	PATION (Give kind of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lote	ign country)	12. CITIZEN OF WHAT COUNTRY?
	PRIE	51	ROMA	N CATHOLIC	POLAM.		U. 5 A
130	FATHER'S NAM	(duc	.)		14. MOTHER'S MAIDEN NA	ME (ilec	.)
15. (Yo	Wes Deceased E	ver in U. S. Armed For If yes, give war or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		
	NO	?		215-6620446	REU. STA	EPHEN	BLA JUCKI
CAL CERTIFICATION	CTHER SIGNIFIC TO THE DEATH DISEASE OR CO OTHER DEATH DISEASE OR CO OTHER DEATH DISEASE OR CO OTHER DEATH DISEASE OR CO	OR CONDITION DIE EADING TO DEATH I mean the mode of sihenia, etc. (if means lication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost. ANT CONDITION COLUMN CONDITION STORY IN PARTICULAR CONDITION STORY IN COLUMN CONDITION STORY IN COLUMN CONDITION STORY IN COLUMN CONDITION COLUMN CONDITION COLUMN CONDITION COLUMN CONDITION COLUMN CONDITION COLUMN COLUM	dying, e.g., the disease, death.) any, giving staing the Staing the MIRIBUTING HETERMINAL TO A CORMED	(c) DUE TO, OR AS (c) CONC WHICH OPERATION PLACE OF INJURY (c.g., in	CONSEQUENCE OF: A CONSEQUENCE OF: Lio gene 20 A. AUTOPSYT (Yes or No NO Or obout 21 C. WHERE DID ico bldg. INJURY OCCUR?	SHOCK 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
MEDI	21D. TIME (OF INJURY (APPROXI	Manthi (Day) (Year)		INJURY OCCURRED Not White	21F. HOW DID INJ	URY OCCUR?	
244	that (I) (we) It and haur and the 23A. SIGNATURI ABUN 23C. PHYSICIAN NAME (Typ LILIA)	lagame B. U	d alive an	Me) (did) (did nat) vi Me) (did) (did nat) vi DEGREE Phys. ANIA DEGREE ME of CEMETERY or CREAT LY ROSA RY	19 7 ond the ew the body ofter death. ding Med. Director D 3D. ADDRESS 50 UTH BAC MATORY 240. LC	Shoff Phys. D. G. C.	238, DATE SIGNED 238, DATE SIGNED 3 - 3/- 7/ EN . HD SPINA ity, town, or county! (Stole) Md., ADDRESS
A	150-REV. 1/1/68		ailey M		John H. HAHA	1,4200 YEV	NINGTON GIR.



1111 1100	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 71 3191	CERTIFICA	TE OF DEATH X REG. NO.	3191
(Type or Print) WILLIAMS, DELBERT	В.	2. DATE AND HOUR OF DEATH MARCH 28, 1971	5:45A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE (Where deceased lived, il instituti	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION) INSTITUTION	UTION, GIVE STREET	MARYLAND XXXXX BA	ALTIMORE 534
ST AGNES HOSPITA		DALTIMODE	No 🖾 X
BALTIMORE, MD. 2		1023 ELMRIDGE AVENUE	
5. SEX 6. RACE 7. MARRIED			Under 1 Ye, If Under 24 His.
MALE WHITE WIDOWED	DIVORCED	00 00 10 52	nths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND Of done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY
	EXPRESS	MARYLAND	U.S.A.
GEORGE LOUIS R WILLIAMS		14. MOTHER'S MAIDEN NAME (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CENWELL
15. Was Deceased Ever in U. S. Armed Farces? (Yas,no ar unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT BALTIMORE, MD. 21	229PDRESS
Yes WWII	579036387	ST AGNES HOSPITAL, WILK	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONOTE OF DEATH		SETWEEN ONSET AND DEATH
1This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE PNEUMONIA	I wix
heart failure, osthenio, etc. It means the disease, injury or complication which caused death.)	DOL TO, OR AS		
ANTECEDENT CAUSES	METASTA		(
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	6 7733
rise to the above couse (A) stating the UNDERLYING CONDITION lost.	(c)		
11	(-/		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. DATE OF OPERATION 19B. CONDITION FOR 1 WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDIN YES	NGS CONSIDERED OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 121B	PLACE OF INJURY (e.g., in		
■ OR CONTRIBUTING CAUSE OF hom	e, form, foctory, streat, alf	injury occurs	give axact lacotion)
- IOE IN IIIOV	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
IAPPROX.)	lle At Not While	garding and the second of the	
22. I certify that (X) (this hospital) attended the			28 19 71
that (M (we) last saw the deceased alive on	MARCH 28	19 71 and that in (m) (our) opinion (
and hour and from the causes stated above.	IV (May KIK) (bib) (aW) (
23A. SIGNATURE	600		DATE SIGNED
// KIN	DEGREE Phys.	ding Med. Staff. XX MA	RCH 28, 1971
23C. PHYSICIAN'S F.N. ISUA NAME (Typel	T M.D. 2	BALTIMORE, MARYL	AND 21229
	ME al CEMETERY OF CRE		n, or county) (State)
Burial 4-1-1971 New	Cathedral Ee	metery Baltimore, Maryla	and
APR 1 19/1 WHEALTH DEED. 255 NAME O	FARGETRAR	25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/68		Howard H. Hubbard, 4107 Will	Kells Ave, 21229

THE REPORT OF THE PARTY.

1	P BALTIMORE CIT	Y HEALTH DEPARTMENT 71 3192
		ATE OF DEATH REG. NO.
	1. NAME OF DECEASED Rui, Lenore M.	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland state 1307
ı	NOITUTICAN	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ı	The Union Memorial Hospital	E. STREET AND NUMBER
	5. SEX 6. RACE 7. MARRIED AISUSE MARRIED	3939, Roland Ave.
	Female White Widowed Divorced	8. DATE OF BIRTH 9. AGE (In years last birthdoy) II Under 1 Yr., If Under 24 Hrs. Months: Days Haurs Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	none none	Ohio U.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ĩ	5. Was Deceased Ever In U. S. Armed Forces? 16. SOCIAL	Justina
1	security No.	17. INFORMANT ADDRESS Son 3304 Gilman tenace
ŀ	70 216 0 J 8 2 3 0	Baltimore 21211
ı	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	into tinal Obstruction of dall
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ı	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS	A CONSEQUENCE OF:
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	OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify modical examined	n or about 21 C. WHERE DID (II In Baltimore City, give exact location) livius occurs
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	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on Masch 29	6
ı	and hour and from the causes stated above. (1) (We) (did) (did not) v	the date
Ĭ.	23A. SIGN AT URE	23B, DATE SIGNED
ı	23C. PHYSICIAN'S DEGREE Physician's	nding Med. Staff Phys. Director Phys. D
1	Chii Chuana Mana	The Union Memorial Hospital
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
	Burial 4/2/71 Woodlawn Cemet	
L	APR 1 1971 (Robert E. Jaber, 160)	25C. FUNERAL DIRECTOR ADDRESS Donovan Funeral Home-3818 Roland Ave.
V	\$ 150-REV. 1/1/68	



H-525 71 31		HEALTH DEPARTMENT	/	•
	93 CERTIFICA	TE OF DEATH	X REG. NO	74 3193
I, NAME OF DECEASED			D HOUR OF DEATH	y
Type or Printl HENSON . Eth	nel	3/	29 72	1 1 1,50
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRON		4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before admission
eur 1111 e		Maryland	TY	-11/1
FULL NAME OF (IF NOT IN HOSMTAL OR INST ADDRESS OR LOCATION)	TITUTION, GIVE STREET	C. CITY OR TOWN	Calvert-	5400
NSTITUTION				SIDE CITY LIMITS?
		Prince Frede	I I CK	YES NO X
The Johns Hopkins Hospi	tal	Box 125 Prin	ce Freder	rick. Md. 20678
SEX 6. RACE 7. MARDIE	D. NEVER MARRIED		AGE (In years	THURST IV. HUST OF H
Female Negro widows	DIVORCED	8/18/20	ast birthdoyl 50	Months Doys Hours Min.
OA USUAL OCCUPATION (Give Lind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country!	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)		MI		US.
NOMESTIC 3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	46	00.
Ernest Polk				
		Laura Gro	55	
5. Wes Deceased Ever in U. S. Armed Forces? (es,na or unknown) Uf yes, give war or dates of service!	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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18. /// 0 01/	CAUSE OF DEAT	H V	VIII OU	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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Herry Henry Paratalast

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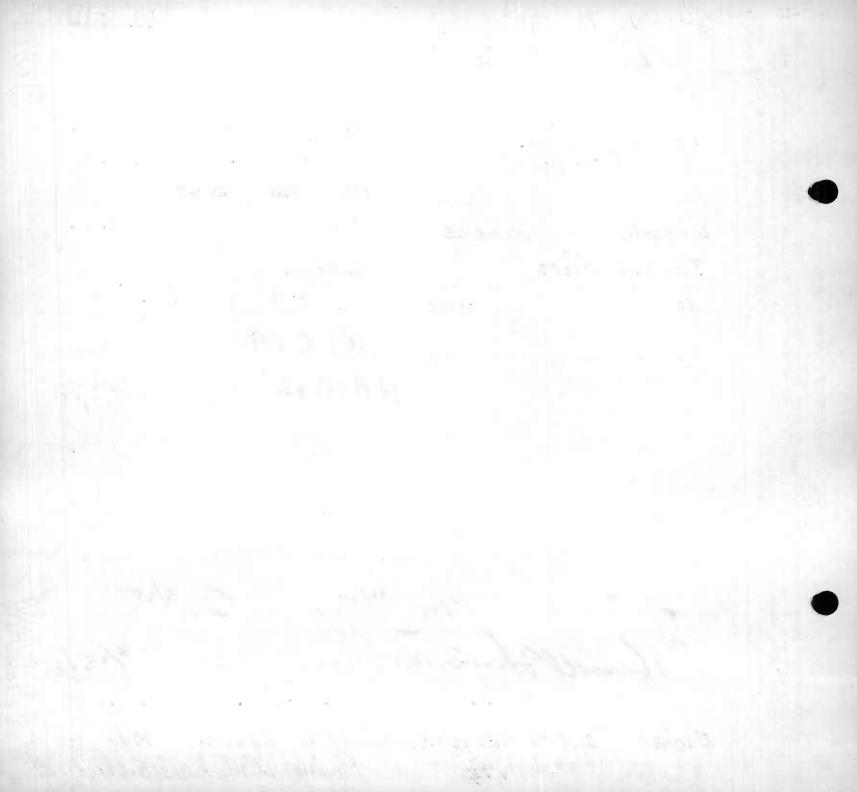
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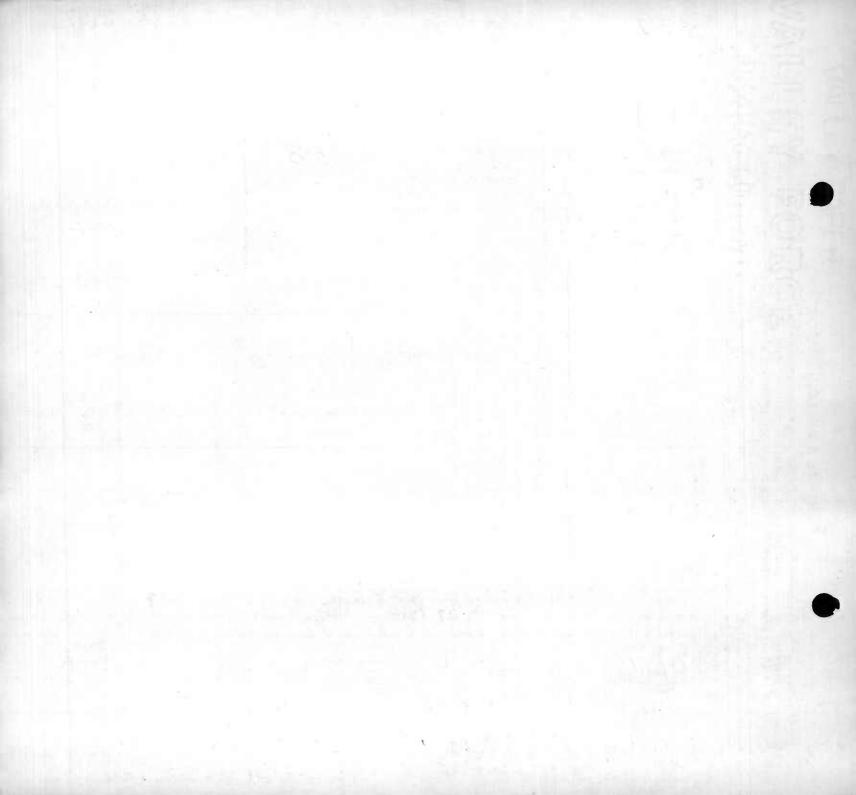
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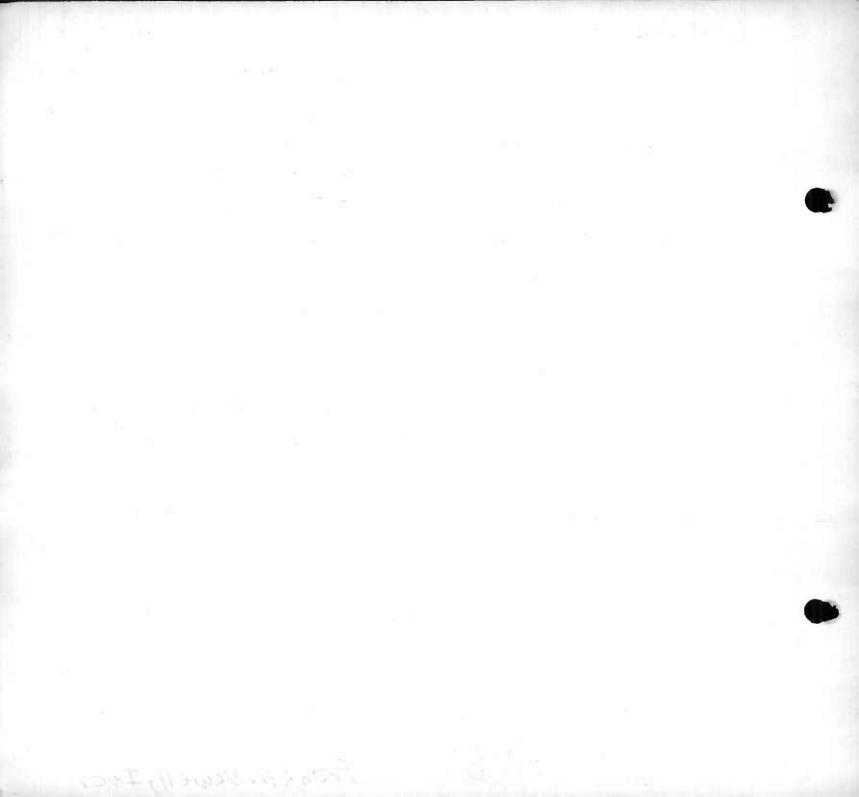
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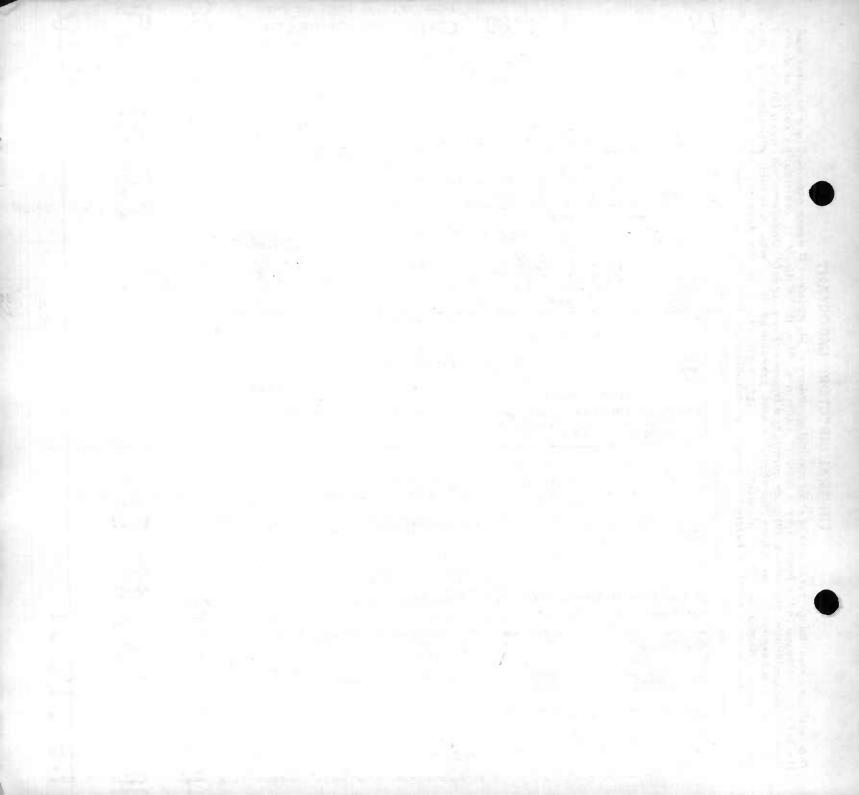
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BALTIMORE CITY HEALTH DEPARTMENT



1 4 4		HEALTH DEPARTMENT		71 2400
DIRTH NO.23 71 31	99 CERTIFICA	TE OF DEATH	REG. NO	71 3199
1. NAME OF DECEASED (Type or Print) Ethel E	Wright	2. DATE AN	2-9-7/	H 2:55 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUN	e deceased lived, If	institution: residence before admissi
2111 NAME OF 112 NOT IN HOSPITAL OR		MIN COUN		721
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	INSTITUTION, GIVE STREET	C. CITY OR TOWN	In th	ISIDE CITY HARES
HISTORION AI 1 MA	_ 11	Ida Uliano	D. IN	ISIDE CITY LIMITS?
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5. SEX 6. RACE 7. MA	IRRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min
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done during most of working life, even if retired)		With.	" 1	11/00
13. FATHER'S NAME	wy nome	Men lag	unce	M. X.C.
oll of will	n n n	14. MOTHER'S MAIDEN NO	AE C	1
Murca Mile	ian Greedon	MINI	10 H)00	Voon
5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown! (If yes, give war or dates of so	1 6. SOCIAL	17. INFORMANT	1000	ADDRESS C
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Z DEATH (notify medical exominer)	home, form, foctory, street, or	mee bidg. INJURY OCCUR!		
21 D. TIME (Month) (Doy) (Year (Hou	21E INJURY OCCURRED	217 110111 212 11111	154 0 0 0 0 1 1 1	
S OF INJURY	White As and Man White	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work At Work	• 🗆		
22. I certify that (1) (this hospital) atte	nded the deceased from	2-5	921_to	2-9 1971
that (1) (we) last saw the deceased aliv	0			
· ,			it in (my) (out) of	plinion death accurred an the d
and have and from the causes stated ab	ave. (I) (We) (did) (did not) v	lew the body ofter death.		
23A. SIGNATURE	1/ 00 00 0			23 B. DATE SIGNED
Daniel MX	William I The Dr.	mding Med.	Staff Phys.	
23C. PHYSICIAM'S NAME (Type)	DEGMEE	23D. ADDRESS	,	
NAME (Type)				
	DEGREE			
24A. BURIAL CREMATION, 24B. DATE REMOVAL TSpecify)	24C. NAME of CEMETERY OF CRI	MATORY 24D. LO	CATION	City, town, or county) (State)
MIMICIL X01-1719	71 Jula. VI	Alexiell Lait	· shal	llimena MI
25A. DATE REC'D BY HEALTH DEPT. 25B, N	AME OF REGISTRAL	25C. FUNERAL DIRECTOR	> pull	ADDRESS #
100 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 R 120 2		1 1	011106
APR MI KENDER EN	and the set	Trapello)	T. MRA	NEXT CARRIAN
V\$ 150-REV. 1/1/68				-111



	1/ ma			BALTIMORE CI	TY HEALTH DEPART	MENT				
	RTH NO.	71	3200	CERTIFIC	ATE OF DEA	ATH	REG. NO	71	3200	
	NAME OF DECE ype or Print)	PALL	PA	JAUES	2.	DATE AN	D HOUR OF DEATH		17 41	O 4.
3.	PLACE IN BALTI	MORE MARYLAND	WHERE PRO	NOUNCED DEAD	IIA. SIAIC	L COUN	e deceased lived. If in: TY	stitution: 1	esidence before	e odmission
H	ULL NAME OF	(IF NOT IN HOS	PITAL OR IN	STITUTION, GIVE STREET	Mcl				160	/
IN	ISTITUTION			1000	C. CITY OR TOWN	To	D. INSI	DE CITY L	_	7
4	<u> </u>	MARYCA	W)	GGN. HOST	11-11-11-11-11	- A	ux Sohi	87	A	
	M	6. RACE	WIDOW		8. DATE OF FIRTH	04	9. AGE (In years lost birthday)	If Unde Manths	Days Hours	nder 24 Hrs Min.
do	A. USUAL OCCUI	orking life, even il retire	d)	OF BUSINESS OR INDUST			•		ZEN OF WHA	COUNTR
13.	FATHER'S NAM	/	ששע	nestic	14. MOTHER'S MA		y, Virgini	- 4	UDA	
	Robert	J. Hayes			Edmonia					
15. (Ye		ver in U. S. Armed If yes, give war or d		1 6. SOCIAL	17. INFORMANT	1 1111	ьтей		ADDRESS	
	NO	,, g	70 01 30111C	SECURITY NO.	M7). (36N. K	JOSP INF	0.5	HEET.	
	18.	0		CAUSE OF DEA					APPROXIMATE BETWEEN ONSE	
		OR CONDITION			(1) Pa	10/	2.4	- 1	/ m	
	(This does no	meon the mode	of dving.	(A) IMMEDIATE C.	S A CONSEQUENCE OF		'au CA-		0	(:)
	injury at comp	sthenio, etc. It med licotion which caus	ins the disea sed dooth.)	ise,		•				
		NTECEDENT CAUS		(B)						
	rise to the	CONDITIONS, i abave cause (A CONDITION last.	f any, givi A) sloting (ing DUE 10, OR /	A CONSEQUENCE C	F:				
~		II		(*/					**************	
ATION	TO THE DEATH	ANT CONDITIONS O	THE TERMINA	IG AL						
Ú	DISEASE OR CO	NOTION GIVEN IN P	ART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (res or Na)	208, IP YES. WERE F	INDINGS	CONSIDERED	************
CERME	12/24/	71 WAS P	ERPORMED	Cou CA	N	٥	208 IP YES, WERE FIN CERTIFYING CAU	SES OP	DEATH?	
CAL	OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING CAUSE OF	1	21B PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY O	E DID CCUR?	(ii in Baltimare	City, giv	e exact lacation)
MEDI	OF INJURY	Manthl (Day) (Yes		21 E. INJURY OCCURRED		DID INJU	RY OCCUR?			
<	(APPROX.)			While At Wark At War				2/		
				d the deceosed fram	2/2/	1	9 71 to	2/2	8	19 7
		est sow the decea			19/_		t in (my) (eur) opin	ian deat	h occurred o	n the dot
	23A. SIGNATURE		tated abave	(I) (Ma) (did) (did mer)	view the bady after	death.		000 047	I CICNED	
	Con	10 Ph	00	AL ALLO AL	tending Med.	. 🗆 :	hoff hys.	-9	28 71	
	23C. PHYSICIAN NAME (Typ	3	Residence	DE CREE	23D. ADDRESS	or man	hys. 🗀		-0 //	
		ARCL F.	ME	CHILR MILE	D. Md	· Cal	n. 1000	100		
24/	REMOVAL (Spe	ATION, 248. DATE	24C	NAME of CEMETERY OF C		24D. LO		, town, a	r county)	(Stote)
	Burial	3/31/		Mt. Auburn C	U		timore	-		Md.
154	APR 2	W Vie	250 NEW	F REGISTAR	25C, FUNERAL D		NN 4517 Pa	ark I	Address Heights	s Ave
/S	150-REV. 1/1/68								3	

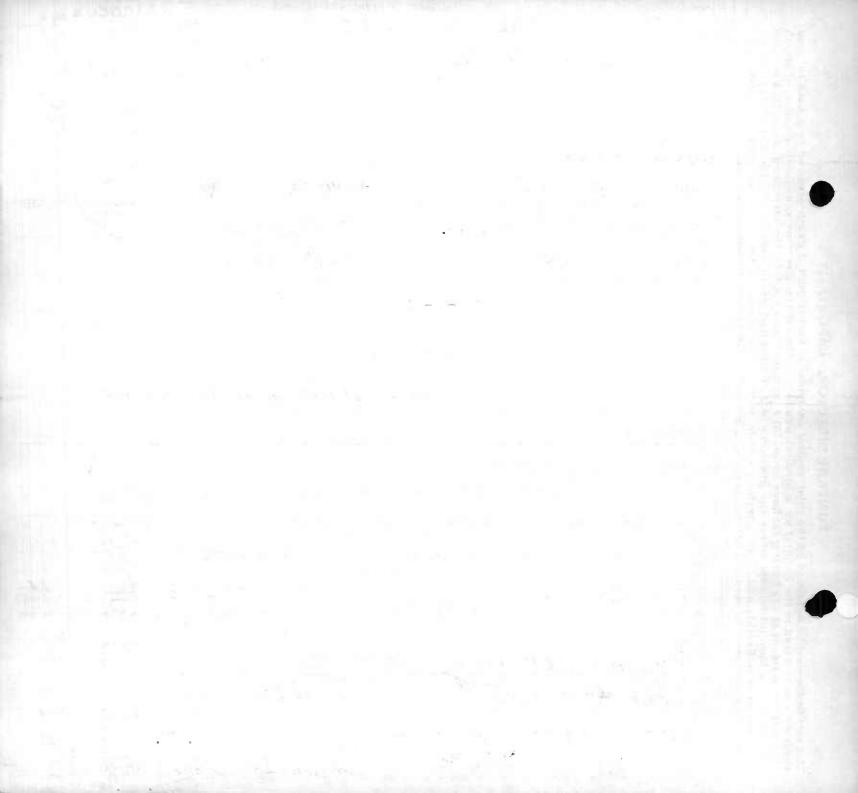
509 N. Carey, Adm. 11/18/70

a hospital and

1	7			BALTIMORE CITY	HEALTH DEPARTME	INT	/1	3201
BIR	AN352	- 71	3201	CERTIFICA	TE OF DEAT	III	. NO	3503
	AME OF DECEA	STANG	B80.	NARD F.		ATE AND HOUR OF	DEATH	1 1:15 0
3.	PLACE IN BALTIA	HORE MARTLAND, W	HERE PRONO	INCED DEAD	14 USUAL RESIDENC		lived. Il instituti	ant rasidence before admission)
HC	LL NAME OF	IIF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN	BALT.	D. INSIDE CI	
14	4				S STREET AND AND	ADED	YES	NO []
d	NION Y	UBMORI.	AL.		3020	CLIPTON	J PARI	K TERRACE
5. \$	EX 6.	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y	rears If I	Inder 1 Ye. If Under 24 Hrs.
_	M	W	WIDOWED	DIVORCED _	10-16-91	7:	9	
	during most of wor	king life, even if refired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlate	or foreign country!	12.	CITIZEN OF WHAT COUNTRY?
_	window di		Farber	, Inc.	PRIAKIL	and		US
13.	FRANK	STANG	5		MARY	EN NAME KELLE	ER	
15.	Wes Deceased Ex	er in U. S. Armed For	rees?	1 & SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	no	yes, give not of ear		212-09-3349	WIF	6		
	18. DISEASE	OF CONDITION DI	RECTLY	CAUSE OF DEATH	1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LE	ADING TO DEATH		(A)IMMEDIATE CAU	SE			
1	heart failure, as	mean the mode of thenia, etc. It means	the disease.		A CONSEQUENCE OF:			
	100	cation which caused		0 00	16-	0 : 0/	5	
	Leave Call Time?	TECEDENT CAUSES		(B) PONTY	rooms	Branch	meen	r ua
	rise to the	conditions, if above cause (A) CONDITION last.		(c)	A CONSEQUENCE OF			
_		11						
5	OTHER SIGNIFICATION	ANT CONDITIONS CO	NTRIBUTING HE TERMINAL					
S	DISEASE OR CON	idition given in Pai	RT 1 (A).	WHICH OPERATION	20A AUTOPSY? (Ye	s or Noll 20B IF YE	S. WERE FINDS	NGS CONSIDERED
CERTIFICATION	2	PERATION 19% CON WAS PER	FORMED	THE STEEL		IN CERTIF	TING CAUSES	NGS CONSIDERED OF DEATH?
MEDICAL CE	21 A. ACCIDENT OR CONTRIBUTI DEATH Inotily m	WAS UNDERLYING NG CAUSE OF edical examined	218, hom etc.l	PLACE OF INJURY le.g., in e, farm, factory, street, of	or obout 21 C. WHERE fice bidg. INJURY OCC	CUR? (II I	in Boltimore City	, give exact location)
EDI	OF INJURY	Nonth) (Day) (Year)	The second second	INJURY OCCURRED		ID INJURY OCCUP	27	
2	IAPPROXI		Whi	ile At Not While At Work				
1	22. I certify th	at(1)(this hospita	l) attended t	he deceased from	2-17-71	19to	3 -	27 197/
	•	st saw the decease		3-27-71			(aur) opinian	death accurred on the date
	and hour and f	/	ted abave. (I) (We) (did) (did not) v	lew the bady after o	death.	228	DATE SIGNED
	Finu	ois X. Va	nuo	Atte Phys	nding Med.	Shaff Phys.	- 3	2-27-7/
1	23C. PHYSICIAN NAME (Typ	s el	0.1001		23D. ADDRESS	Oildal	55	
24/	FRAM.	ATION, 24B. DATE	24C/N	DEGREE AME of CEMETERY of CRE	320/ XU	24D. LOCATION	(City, to	wn, ar county) (State)
	burial	3/30/	77	eden Hill Come	town	D-74	to M.J	
254	. DATE REC'D B		25B. NAME	edar Hill Ceme	250 FUNERAL DI	RECTOR Balt	to. Md.	ADDRESS
i i	ABB 9	1071 R.S.	g E. Jab		Selimen	me Brunes	Arme 333	Billion Tue
						40.07		

Balto. Md.

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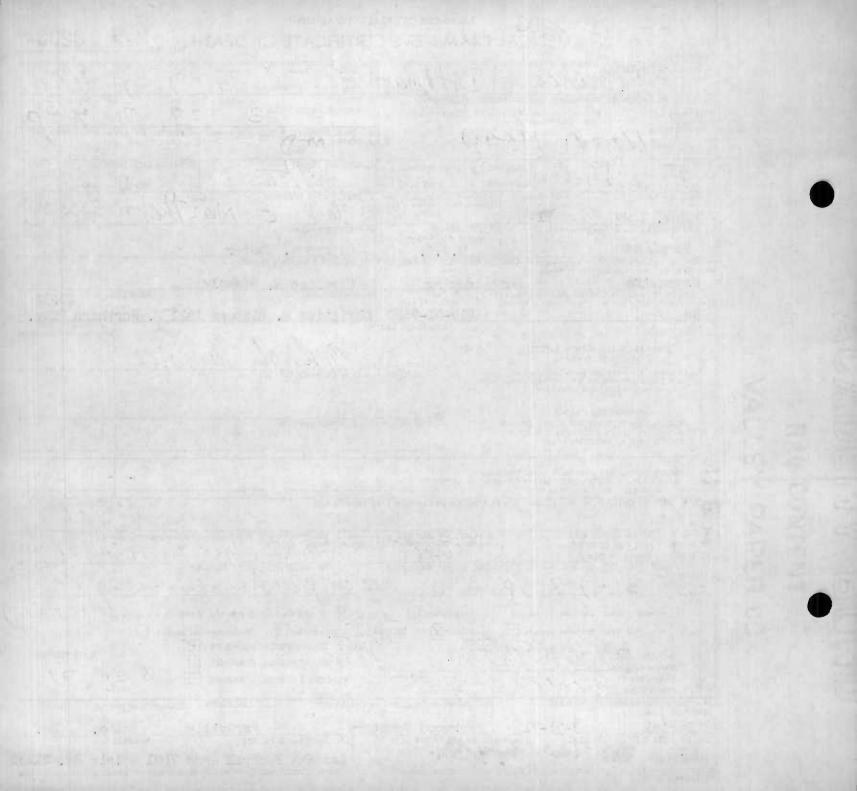


IMPORTANT

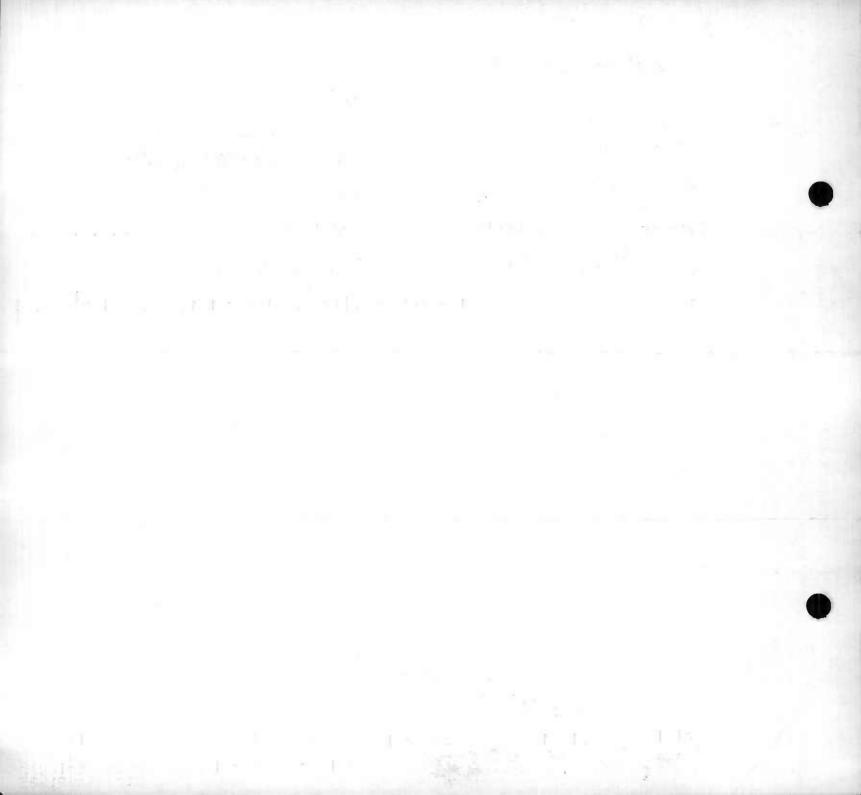
DIRECTOR:

FUNERAL

Letter from Church Home & Hospital 4-23-71 M.H.



Bli	71 360 71	320-		HEALTH DEPARTMENT	1	1 3204
	Pe or Print)	0.12	. /	2. DATE	AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE MARYLAND, W	se 7)1776	DEAD	A HISHAL RESIDENCE (V	March, 29, 71	3. 10 P. M. stitution: residence before adulission)
FU	LL NAME OF OF OPPOSITE OF LOCK	AL OR INSTITUTION,	GIVE STREET	A. STATE B. CO. Baryla C. City Or 1940	al	DE CITY LIMITS?
1	Bon Deco	urs Ha	of	E. STREET AND NUMBER	re perioli	VES NO .
5.	FW	7- MARRIED NEW	DIVORCED	6-18-91	9. AGE (In years last birthdow)	If Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.
10/	USUAL OCCUPATION (Give kind at warle during most of working life, even if refired)	108 KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (Stole of	areign country)	12. CITIZEN OF WHAT COUNTRY?
24	Teacher	Music		Maryland		U.S.A.
13.	FATHER'S NAME		1	14. MOTHER'S MAIDEN	AME	
15	Sohn Henry Was Decased Ever in U. S. Arried For	Ritter		MARGARE.	L m. MA	
(Ye	in a runknown) (If yes, give war or dota	e of comical l				ADDRESS 21 22 3
	Vo				tter 1817 F	rederick Ave.
	DISEASE OR CONDITION DI		AUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAUS	E Acut Myocard	ial infarition r	the 5 hours
	(This does not mean the mode of heart failure, asthenia, etc. It means injury ar complication which coused	me disease,	DUE TO, OR AS A	CONSEQUENCE OF:	aprillary mmil	~
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if	onv. giving	(B) DUE TO, OR AS A	CONSEQUENCE OF:	c Bactman	2
	rise to the obove cause (A) UNDERLYING CONDITION last,	stoling the	(c)7	hom bophl bit	s. It lig	1 month
ATION	OTHER SIGNIFICANT CONDITIONS COINT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL		***************************************	***************************************	
CERTIFIC	19A-DATE OF OPERATION 198 CON WAS PER	DITION FOR WHICH	OPERATION	20A-AUTOPSY? (Yes or	No. 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE home, form, etc.)	OF INJURY (e.g., in foctory, street, office	or about 21 C. WHERE DID	(If In Baltimore	City, give exact location)
MEDI	21D-TIME (Month) (Doy) (Your) OF INJURY (APPROX.)	(Hour) 21E INJUR While At Work	Y OCCURRED Not While At Work	21F. HOW DID I	NJURY OCCUR?	
	22. I certify that (1) (this hospital			brugry 27	_19 71_ ta Her	ch, 29 1971
	that (1) (we) last saw the decease	d alive an Ma	· ch, 29	197(and	that In (my) (aur) apin	Ian death accurred on the date
	and haur and from the causes stat	ed abave. (1) (We)	(did) (did nat) vie	w the body after deat	16	
	23A. SIGNATURE Charmh	Onchoupa	Attende Phys.	ding Med. Director	Staff Phys.	23R DATE SIGNED March, 29, 71.
	23C. PHYSICIAN'S NAME (Type) CHUMSAR	GRUKSAPONO	23	D. ADDRESS	Scroum Han	prital
24A	BURIAL CREMATION, 248, DATE	24C. NAME of	CEMETERY OF CREM	AATORY 24D.	LOCATION (City	, town, ar county) (State)
-	urial 4/1/71			Cemetery B	altimore Ci	ty, Maryland
25A	APR 2 1971 Page	258, NAME OF REGIS		25C. FUNERAL DIRECT		Pratt&Stricker
1/8	60. PEV 1/1/4 P					STERRIA 21223



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

BACTINGES ET HOSPING THATE TYCO STACLARTH THE HAVE - HAPTE MARKE 63 MILTEN PERVER ELEVE TORKY 1 St - 6 3 de 20 that Mildred Rivert 5 90 6 5 To El Event 10 REMINISTER BUT STREET STREET

a hospital and

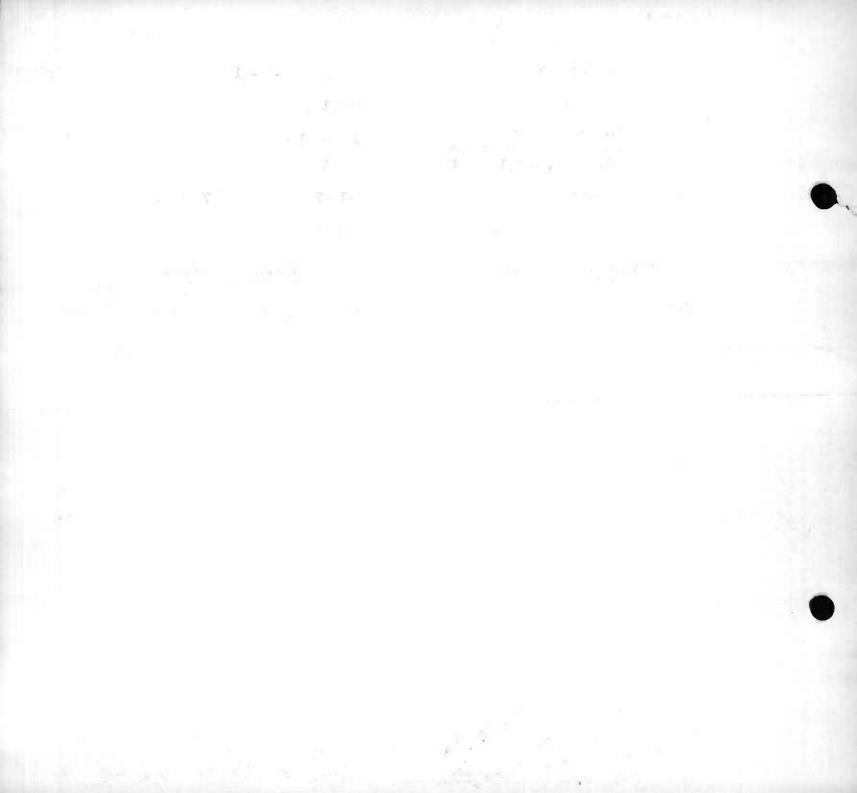
written approval must be obtained before the remains are embalmed or final disposition is made.

REG. NO	71	3206

C .10.	1000		BALTIMORE CITY	HEALTH DEPARTMENT	la,	4 0000
BIDTO NO 4544	/1	3206	CERTIFICA	TE OF DEATH	REG. NO.	T 3508
I. NAME OF DECEA	SED				ID HOUR OF DEATH	
(Type or Print)			e (BEULAH M.	SLAGIE)	3-29-71	7:30 pay
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If institution	on: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		2605
NSTITUTION	Baltimore	City II-		C. CITY OR TOWN	D. INSIDE CI	
3/			**	Baltimore	YES	X NO .
	4940 Easte	rn Aveni	ue e	E. STREET AND NUMBER	t. Balto. Md. 2	11224
	Baltimore.	Maryla	nd 21224	437 HOLHEL S	t. Parto. Ma. 2	21224
	RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years If L lost birthday) Mon	Inder 1 Yr. , If Under 24 His.
Female	White	WIDOWED	DIVORCED	3-29-94	77	ths Days Hours Min.
A, USUAL OCCUP	ATION (Give kind of work			11. BIRTHPLACE Stote of fore		CITIZEN OF WHAT COUNTRY
one during most of wo	rking life, even if refired)				g., coam,,,	CHITTER OF WHY! CORNER
Housewife		Nor	ne	Maryland		U.S.A.
& FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
	Henry	Warthen		Te	abelle Gall	OWER VE
- Nu - B						
es, no or unknowni (ii	er In U. S. Armed For	s of service)	SECURITY NO.	17. INFORMANT	4940 Eastern Av	zenue Appress
No	- A - A - A - A - A - A - A - A - A - A		213-03-5285		Baltimore, Md.	
18.21 / 2	111		CAUSE OF DEATH		- TETHOLE, 110	APPROXIMATE INTERVAL
DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION THE DEATH IN DISEASE OR CON	CONDITIONS, if above cause (A) CONDITION (A) (A) CONDITION (A) (A) CONDITION (A) (A) CONDITION (A)	any, giving stating the NTRIBUTING IE TERMINAL I (A.).	(c)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No	20B, IF YES, WERE FINDIN	IGS CONSIDERED OF DEATHYFQ
21A- ACCIDENT	WAS UNDERLYING	218	PLACE OF INITION (o	or about 21 C. WHERE DID	1	
OR CONTRIBUTE	WAS UNDERLYING	hom	e, form, factory, street, of	ice bidg., INJURY OCCUR?	lit in Boltimore City,	givo exect locotion)
DEATH Inotify me	edical examiner	etc.)				
DEATH Inotify mo	Nonthi IDoyl IYear	Whi	INJURY OCCURRED Not While	21F. HOW DID INJ	URY OCCUR?	
		Wor				
	at (1) (this hospital) st saw the decease		01-0		9) to 7/2	death accurred on the date
				tour about the first to the		vii ino dule
23A. SIGNATURE	um the causes stat	eu above. (1	(tue) (ata) (dua hot) v	ew the bady ofter death.		
23A. SIGNATURE	1 Chas	is U	Atter		Stoff Phys.	SISSISI
23C.PHYSICIANS	Joel Chasis	M.D.	2		ore City Hospit	
(A SUBJAL SECTION			DEGREE	4940 Eastern Ave	Balto. Md.	21224
REMOVAL (Spe Burial	cify)		ME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City, tow	n, or county) (State)
	4-2-71.		rdens of Fait	n Kenw	rood Av.&Trump	MillRd.Ba.Co
SA. DATE REC'D BY	HEALTH DEPT.	25B, NAME O	FREGISTRAR	25C. FUNERAL DIRECTOR	6224 Eas	
APR 9 1	20.00	J. a.	44	Charles Sie	eler Balto.	21224, 103

A THE PARTY OF THE

	1-000			BALTIMORE CITY	HEALTH DEPAR	TMENT	/	171.0	
	IRTH NO. Bal	to Co. Thid	,3207	CERTIFICA	TE OF DE	ATH	REG. NO	11	3207
	ype or Print)	42ED				2. DATE AND	HOUR OF DEATH		
3	PLACE IN BALTIF	Marvin Le	HERE PRONO	UNCED DEAD	4, USUAL RESIDE	3-28-7	lecepsed lived If it	etitution: recide	8:50 AM ence before admission
Hi.	ULL NAME OF IOSPITAL OR ISTITUTION			UTION, GIVE STREET	Maryland	i How	ard	ismonon, reside	6300
1	ASHIOHON	St. Agnes	Hospita	1	C. CITY OR TOWN		D. INS	IDE CITY LIMIT	
	40	Caton & Wil	-		Cooksvi]	NUMBER		YES	№ Д
		Baltimore,	Marylan	nd 21229	RT 144				
10,		RACE	7. MARRIED		B. DATE OF SIRTH		AGE (In years birthdoy)	If Under I Months! Doy	Yr. If Under 24 Hrs.
10	Male A. USUAL OCCUP	Negroid	WIDOWED		8-18-70		7 Mem:	5.	
do	ne during most of wor	rking life, even if retired)	_		Md.	otote of loreign	country)	12. CITIZEN	OF WHAT COUNTRY?
13	FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME			
1		AIVIN	Lee			MARY	Thom	AS	
(Ye	wos Deceased Eves, no or unknown) (If	er in U. S. Armed Fore I yes, give war or dote	ces? s ol service)	SECURITY NO.	17. INFORMANT	1		AD	DRESS
1	No			_	MRS. MAN	ey Le.	e Coo	KSVI 12	e Md.
	18.	1/1		CAUSE OF DEATH	1	1		AP	PROXIMATE INTERVAL
		OR CONDITION DIR	ECTLY		PALONE.	It A SME	10-0	,	
	hearl foilure, as	mean the mode of thenia, etc. It means cation which caused	the disease	DUE TO, OR AS	CONSEQUENCE O	F:	y rue	1	
		TECEDENT CAUSES	oodni,/	40.	he he de	-0	column:		
	DISEASES OR	CONDITIONS, if	iny, giving	DUE TO, OR AS	A CONSEQUENCE	OF:	char.	<u> </u>	
	underlying	abave cause (A)	stoling the	(c) plewin	Sites	Bad	tirial		
_		11			Ü				
OF.	110 THE DEATH R	ANT CONDITIONS CON	F TERMINAL					1	
CERTIFICATION	IDISEASE OR CON	PERATION 198 CONT	T (A).	HICH OPERATION	20A. AUTOPSY?	Nag or Noll 20	OR IE VEC WEEK	This to co.	1515-1015
RTIF	21	WAS PERF	ORMED		2010/314		DE IF YES, WERE F	ISES OF DEAT	H?
₹	21A. A CCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING CAUSE OF edical exemined	21 B. home elc.)	PLACE OF INJURY (e.g., in p, lorm, lactory, street, aff	or about 21 C. WHE	RE DID CCUR?	(II In Boltimore	City, give exo	ct locotion)
MEDIC	21 D. TIME (NO OF INJURY	Aonth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW	DID INJURY	O C CUR?		
2	(APPROX.)		Whil	e At No! While					
	22. I certify the	at (1) (this hospital)	ottended th		0 23	19 4	O to m	and 2	4 10 7/
	that (1) (we) las	st saw the deceased	olive on	march ax	19 7/				curred on the dote
	and haur and fro	am the causes state	d abave. (1)	(We) (did) (did not) vi	ew the body afte	r deoth.	merch and about	255111 06	
	23A. SIGNATURE	iscalor &						23B, DATE SIG	NED
	23C.PHYSICIAN'S		00	Alten Phys.	Direct	far Stoff	.0	3-2	8-71
	NAME (Type)	-			D. ADDRESS	1	1		
24/	LEOMI	TION 124B DATE	CALA		57.	H	GIVES		
	REMOVAL (Spec	ify) U 1 7	// 210.114	ME of CEMETERY OF CREA	1. +	24D. LOCA	/ 4/	, town, or cou	nty) (Stote)
25 A	DATE REC'D BY	HEALTH DEPT.	258 NAME OI	Pulpy York	25C. FUNERAL D		Koirlli		Ind.
	APR 2 T	77 R.L. 8 8	Ja Ba	M.D.	MANN!	YU X	night .	Jukinia)	DDRESS
VS	150-REV. 1/1/68	-			11000	7	wyru -	- Truck all	UI THU.



1	2 000	BALTIMORE CITY	Y HEALTH DEPARTMENT	F14 0000
110	71 (3208 CERTIFICA	TE OF DEATH REG. NO	71 3208
	NAME OF DECEASED AUTHUR	SAAR	2. DATE AND HOUR OF DE	ATH 6 BO 7
3.	PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	Il institution: residence before admission)
FL	JLL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	mel	INSIDE CITY LIMITS?
7	gMARYLAND GO	310, HOSP.	E. STREET AND NUMBER	YES NO
5,	SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In yours	1500
	MWW	VIDOWED DIVORCED	3 . 17 . 95 last birthdoy!	Months Ooys Hours Min.
dor	A USUAL OCCUPATION (Give kind of work 10B no during most of working life, even if refired)	kind of Business or industry ledical Doctor	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	ECTION DOCTOR	14. MOTHER'S MAIDEN NAME	U.S.A.
	Alexander Saar		Anna Sand	
15. (Ye	Was Oeceasad Ever in U. S. Armed Farces? s,no or unknown) (II yes, give wor or dates of	1 6. SOCIAL	17. INFORMANT	ADDRESS
	No No	service) security No. 218 30 7436A	Mrs Harriette Saar sa	me as # 4
MEDICAL CERTIFICATION	(APPROX.)	(A) IMMEDIATE CAL DUE TO, OR AS INTERPOLATION (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 20B, IF YES, WIN CERTIFYING IN CERTIFYING IN CERTIFYING IN JURY OCCUR? 21F. HOW OIO INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF OEATH?
	22. I certify that (I) (this hospital) at) · 2-11 19ta	19
	that (I) (we) last saw the deceased a		19ond that in (my) (opinian death occurred an the date
	and have and from the causes stated	obaye. (I) (We) (did) (did not) v	few the bady after death.	
	Lail P. Meile	Alto DEGREE Phys	nding Med. Staff Phys.	3/24/9
	PARC /	MECH DECHE	23P. AOORESS	Sen. Hosp
24A	A. BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)
	Burial 3/30/71	St Mary's Cemete		Carroll Md.
25 A	APR 2 1971 VALUE C.	NAME OF REGISTRAR	Thomas D. Fletcher Fund	254 E. Ma rrout reet Md. eral Home Westminster
VS	150-REV. 1/1/68			



25C. FUNERAL DIRECTOR

ADDRESS

258 NAME OF REGISTRAR

VS 151-REV. 1/1/6B

25A. DATE REC'D BYSHEALTH DEPT

21/2/8 U.S. A. LEW BARKES 3.66 Gerlana co. Flore worken Charleins 213-08 ELL MARIE BARNES 1/15 Schwarz A. C. 01 Burne 4/2/11 Bernst Rost Town Sull Colle Win Chotimen 1947 198 Called F

FUNERAL

VS 150-REV. 1/1/68

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CERTIFICATE OF DEATH REG. NO.	10 mm							
BIRTH NO.	211							
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH								
Heinz Gustav 13-29-71 11	160							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence b	efore odmissi							
A. STATE B. COUNTY	,- 2							
HOSPITAL OK ADDRESS OR LOCATION	50							
13	-							
41 - YES N	° X]							
Sinai Hospital Windson Mill Bd. Bo	1820							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yeors if Under 1 Tt.	Under 24 t							
Male WIDOWED WIVORCED 11-8-90 80	ours Min,							
10A, USDAL OCCUPATION (Give kind of work[UB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W	HAT COUN							
Dozumia Oom								
3								
Heinz Unknown								
7 71/ 1/2/14/21 Addit of File 75001 Howard Park Av								
A C / / / RETWEEN O								
	ens							
(A)IMMEDIATE CAUSE	7							
heat failure, asthenia, etc. It means the disease.								
injury or camplication which caused deeth.)								
ANTECEDENT CAUSES	11							
DISEASES OR CONDITIONS if any giving DUE TO, OR AS A CONSEQUENCE OF								
riso to the obove couse IA) stoling the								
UNDERLYING CONDITION Jost. (C).								
- Ansuran of only								
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	men							
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	S							
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDE	RED							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?								
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID III in Rollimore City, plus event less	tion)							
I OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg, INJURY OCCUPY	mon;							
I OF INTURY OF THE INTURY OCCUR?								
≥ (APPROX) While At Not While								
TTOIN was PA TTOIN band								
	19							
that (1) (we) last saw the deceased alive an 11 and ch 29 19 7 and that in (my) (aur) apinian death accurr	300							
	ed an the d							
23A. SIGNATURE	ed an the d							
236, DATE STONED	ed an the d							
Mancia Willia Degree Phys. Director Phys. 3-29-	') /							
Series Salte No. Series Salte No. Series Seri								
Mancia, Water Williams Med. Shoff 3-29-	') /							
Manager Med. Shaff	71							
Attending Med. Staff Director	71							
Attending Med. Stoff Director	71							
Attending Med. Stoff Director	(Stote)							
Attending Med. Shaff Director	(Stote)							

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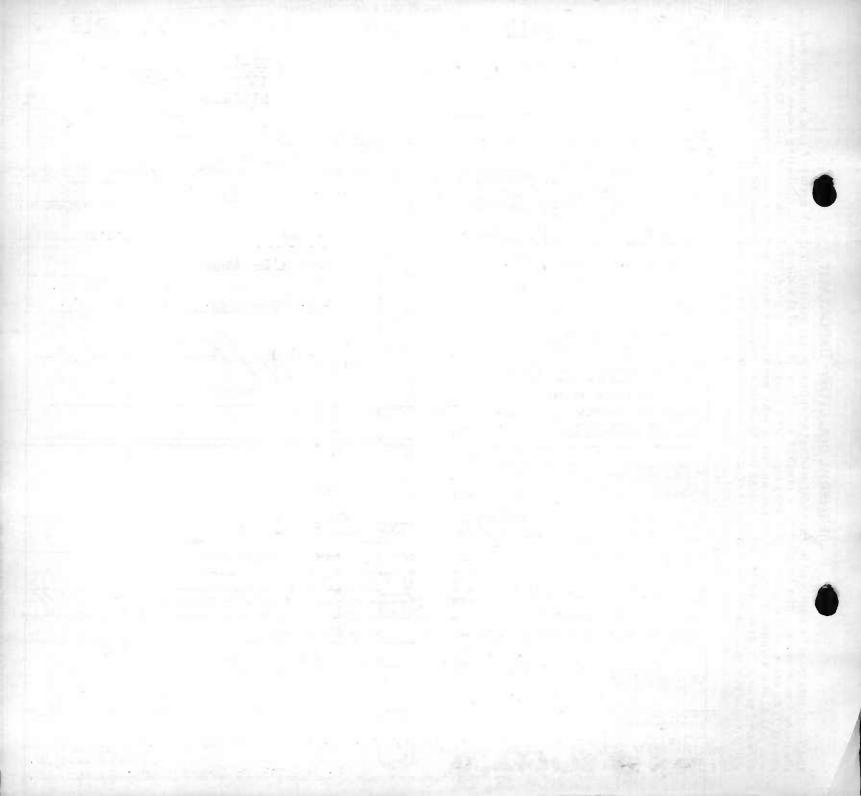
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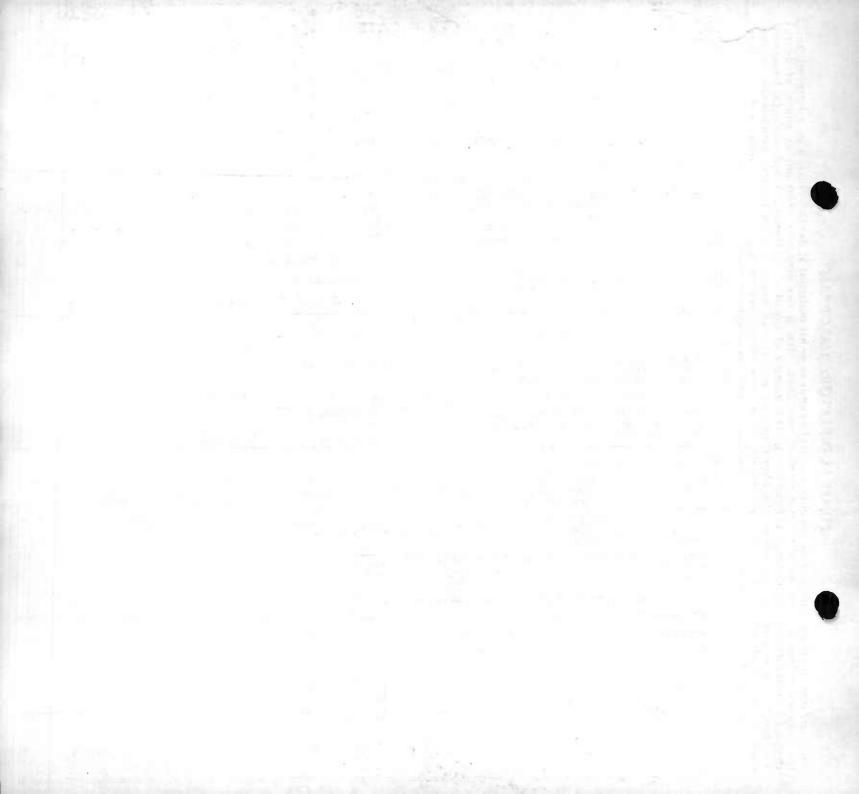
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	BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO. 71 3212	CERTIFICA	TE OF DEATH	REG. NO	71 3212		
I.NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH			
Robert R. Turner	Jr.	3-3	1-71	1 9:10 A M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (When	deceased lived. If in	stitution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MD Ba.	ltimore	5300 DE CITY LIMITS?		
The Johns Hopkins Hosp	pital	Lutherville		YES NO TO		
33		1606 Charmu	th Rd	Į.		
5. SEX 6. RACE 7. MAPPE	ED NEVER MARRIED	& DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
		07-13-56	ost birthday)	Months Days Hours Min.		
M White WIDOW			14			
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working kife, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
Student	Student	Maryland		U.S.A.		
13. FATHER'S NAME	Student			U.S.A.		
		14 MOTHER'S MAIDEN NAM				
Robert R. Turner, Sr.		Margaret A	. Dent			
15, Was Deceased Ever in U. S. Armed Forces?	II 6. SOCIAL	17. INFORMANT		ADDRESS		
(Yes, no or unknown) (If yes, give war or dates of service	SECURITY NO.			06 Charmuth Rd.		
NO		Robert R. Turn	er, Sr. Lu	therville, Md. 21093		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	(8) DUE TO, OR AS the (C) IG AL DR WHICH OPERATION 206 PKACE OF INJURY (e.g., in long), form, foctory, street, offelood	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A AUTOPSYZ (Yes or No	(If In Baltimar	FINDINGS CONSIDERED USES OP DEATH?		
OF INJURY (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?			
(APPROX.)	While At Work At Work					
		7 20		7 7/ 7/-		
22. I certify that (1) (this hospital) attende	~	5-28	9//_to	3-3/ 19/		
that (1) (we) last sow the deceased alive a	3-31		at In (my) (our) op!	nion death occurred on the dote		
1 / /						
and hour and fram the causes stated abave						
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff D 3-3/-7/						
Leon (Pare	(1) (We) (did) (did not) vi	lew the body after death.		238 DATE SIGNED		
23C. PHYSICIANS NAME (Type) 24A. BURIAL CREMATION, 124B. DATE 124A.	Me) (did) (did not) v	nding Med. Director D	Staff Diphys	23R DATE SIGNED 3-31-71		
PAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C	Attended to the physics of CEMETERY OF CRE	MATORY 240, L	Stoff Phys	23R, DATE SIGNED 3-3(-7) Solution (Stote)		
PAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 4-3-71	AHOP OF CEMETERY OF CRE	MATORY 24D. Ac Gardens T	Staff Phys	23B. DATE SIGNED 3-3/-7/ S. Spwn, or county) (Stote) aryland ADDRESS		
PAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 4-3-71	Attended to the physics of CEMETERY OF CRE	MATORY 240, L	Stoff Phys SCATION (C)	238, DATE SIGNED 3-3/-7/ Solution Span, or county) (Stote) aryland ADDRESS 1050 York Rd.		

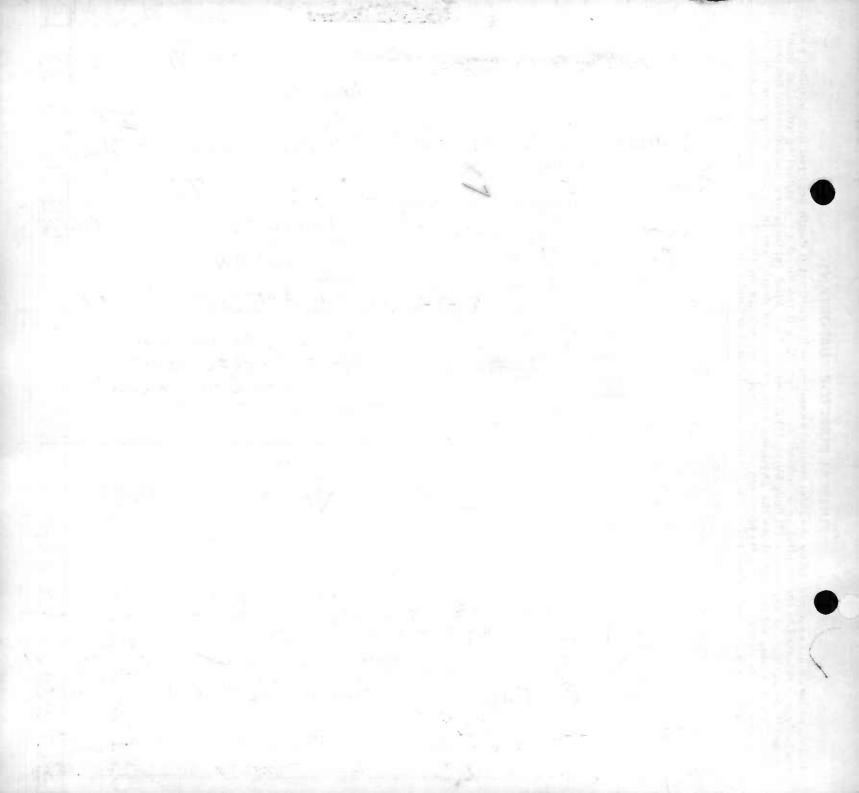


١,	-			BALTIMORE CITY	HEALTH DEPARTMENT		71 3213
BI	L-320 RTH NO.	71	3213	CERTIFICA	TE OF DEATH	REG. NO	OLJO -
	NAME OF DEC	Medial Indian	MARI	E EVELYN LUD	WIG	3/31/71	9:35 P
FU	JLL NAME OF	TIMORE MARYLAND, V	TAL OR INSTITU	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO Maryland	Baltimor	. 5.300
IN	3 7	MercybHosp		nc.	Lutherville E. STREET AND NUMBER		ISIDE CITY LIMITS? YES NO
L					1313 Malbay	Drive	
	sex female	caucasian	7- MARRIED WIDOWED	X DIVORCED	8. DATE OF BIRTH Dec. 19. 1905	9. AGE (In years lost birthdoy) 65 VTS.	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
dor	ne during most of	UPATION (Give kind of work working life, even if refired) emaker	home		Maryland	oreign country)	U. S. A.
13.	August				Mary Rohled		
15. (Ye	Was Deceased s, no or unknown NO	Ever in U. S. Armed For Itl yes, give war or date	ices? es of service)	\$6. SOCIAL SECURITY NO. 214-24-3959	Mr. Joseph Luc	dwig, Same	as # 4.
MEDICAL CERTIFICATION	DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR C 19A-DATE OF C 21A-ACCIDER OR CONTRIBU	LEADING TO DEATH not mean the mode of asthenia, etc. it means splication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last. II ICANT CONDITIONS COI H BUT NOT RELATED TO II ONDITION GIVEN IN PAR OPERATION 198. CON IT WAS UNDERLYING IT WAS UNDE	any, giving stating the NTRIBUTING HE TERMINAL TO I (Hour) 21E, Whill	(B) DUE TO OR AS (C) PULL A C C WHICH OPERATION A DU CLE > H WLACE OF INJURY (e.g., in Sorm, foctory, street, of INJURY OCCURRED INJURY OCCURRED INDURY OCCURRED INDURY OCCURRED INDURY OCCURRED	A CONSEQUENCE OF: 20 2 Mg Man A CONSEQUENCE OF: A CONSEQUENCE OF:	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
	0).	that (1) (this hospital	Worl	k L At Work		19 to	10
		last saw the decease		Tolli .			inion death accurred on the dote
	and hour one	fram the causes stat	/	DEGREE Phys	nding Med.		23B. DATE SIGNED
244	PAME IT	F Fbusi	tom, Pr	Rezioso MD,	3D. ADDRESS		
	REMOVAL (24C. NA		4441		City, town, or county) (State)
	Burial		19 11 HO	ly Redeemer		altimore, Ma	
	APR 9	TOT Palas	C. Ja Ga	NA O	Wm. Cook-Bro	oks Towson,	1050 York Road Towson, Md. 21204



	pup	eath	pesu	the	Such		
	s approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such		
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	e mu	role	acci	la h	or to	IDA	
	This certificate must be	W as	An (A. at	pric	written approval must be obtained before the remains are embalmed or final disposition is made.	
	erri	Apo	5: (1	D.0	pesp	9 40	
	Phis (he b	how	VOS	lece	writt	
		•			9		

BALTIMORE CITY	Y HEALTH DEPARTMENT
W-452 71 3214 CERTIFICA	TE OF DEATH REG. NO. 11 3214
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print)	03-29-7/ 1.35 AM
Susie May Schmidt Williams 3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD	3 1 1 1 33 7 M
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission A. STE R. COUNTY 2634
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES TO NO T
44UNION MEMORIAL HOSP.	E. STREET AND NUMBER SELFIEGE AVE.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
FGHALE WHITE WIDOWED DIVORCED	15 Sept. 93
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it refired)	
Housewife Homekeeping	MARYLAND AMERICAN
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLE JOHNSON	SUSAN Clayton
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No 218-10-1387D	U.H. H. ADMISSION MISTORY
CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	USE PULHONARY DEDEMA, CHF
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A)IMMEDIATE CA!	A CONSEQUENCE OF: DEC 1/D LO DEMIA
(A) MAMEDIATE CAI DUE TO, OR AS heart foilure, esthering, etc., it means the disease,	A CONSEQUENCE OF: ASCVD - URAEHIA
(A) MMMEDIATE CAI heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF: ASCVD - URAEHIA CHR. RENAL FAILURE
(A) MAMEDIATE CAI DUE TO, OR AS heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	CHR. RENAL FAILURE
(A) MMEDIATE CAI heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	A CONSEQUENCE OF: ASCVD - URAEHIA
(A) MAMEDIATE CAI DUE TO, OR AS injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (A) MAMEDIATE CAI DUE TO, OR AS DUE T	CHR. RENAL FAILURE
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(A) MMMEDIATE CAI heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (A) MMMEDIATE CAI DUE TO, OR AS DUE TO, OR AS	CHR. RENAL FAILURE A CONSEQUENCE OF:
(A) MMEDIATE CALL heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	CHR. RENAL FAILURE S A CONSEQUENCE OF: 20A-AUFOPSTR (Yes of No.) 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
(A) MMEDIATE CAI heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g.,	CHR. RENAL FAILURE S A CONSEQUENCE OF: 20A-AUFOPSTR (Yes of No.) 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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(A) MMMEDIATE CAL heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYINO 21A. PLACE OF INJURY (a.g., home, farm, factory, sheet, of the condition of the contribution of the contribut	CHR. RENAL FAILURE SA CONSEQUENCE OF: 20A.AUFOPSYZ (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID (If In Ballimare City, give exact location) (If In Ballimare City, give exact
(A) MMEDIATE CAI DUE TO, OR AS injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) 1Doy) (Year) (Hour) 21E. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) While At Not While At Not Wish	CHR. RENAL FAILURE SA CONSEQUENCE OF: 20A.AUTOPSTR (Yes of No.) 20& IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21C, WHERE DID (If In Baltimare City, give exact location) of the bidge injury occurs 21F. HOW DID INJURY OCCUR? 19 2/ 19 2/ 10 03 - 19 - 19 2/ 19 2/ 10 03 - 19 2/ 19 2/ 10 00 3 - 19 - 19 2/ 19 2/ 10 00 3 - 19 - 19 2/ 19 2/ 10 00 3 - 19 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/ 19 2/ 19 2/ 10 00 3 - 19 2/
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IMPORTANT DIRECTOR: FUNERAL

D. INSIDE CITY LIMITS YES V NO Il Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Lane Balto BETWEEN ONSET AND DEATH (If in Boltimore City, give exact location ond that in(my) (our) opinion death occurred on the date 23B. DATE SIGNED (City, town, or county) (Stotel Md Lassahn Funeral Home 7401 Belair Rd. 21236

3030 Poplar terrace Adm. 6/21/68

141-083001 and the second of the second of the second 2112-2-312

FUNERAL DIRECTOR:

H-152 71 3217 BALTIMORE CI	TY HEALTH DEPARTMENT	
7-19	ATE OF DEATH REG. NO. 71 3	217
1. NAME OF DECEASED (Typo or Print) Hoffne	A Q Q PATE AND HOUR OF DEATH	
Lecen m HHHHHHHHHHHHHHHH	March 30, 1971	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where decoosed lived II institution: reside	nco beforo odmissio
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	med.	1911.
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS	?
Bow Secare Haspital	Baltinure YES	NO 🗌
2025W. Regettest.	E. STREET AND NUMBER	
SEX 6. RACE 7. MARRIED NEVER MARRIED	3. DATE OF BIRTH 9. AGE (In years 11 Under 1 Y	
WIDOWED DIVORCED	9. AGE (In years I! Under 1 Y Months; Doy	r. If Under 24 Hr. s Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	IY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN	
done during most of working life, even if retired) Housewife	200 - COMMY	OF WHAT COUNTR
3. FATHER'S NAME	maryland	1.5-
61-9	14. MOTHER'S MAIDEN SAME	
5. Wos Deceosed Eyer in U. S. Armed Forces? 16. SOCIAL	madigan	
res, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		DRESS
No 212-14-238	Arthur Rapp 3709 McTavish A	ve. 21229
18. CAUSE OF DEA	1 000	ROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ungog abreen.	
This does not mean the made of dving an (A) IMMEDIATE CA		I mo.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	.,
ANTECEDENT CAUSES	Omarden Zacholeni	
	S A CONSEQUENCE OF:	
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3-20-11 White all abream	20A. AUTOPSY? (Yos or No.) 208. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEATH	H?
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I(APPROX)	le 🖂	
22. I certify that (I) (this haspital) attended the deceased from	-22-71	
that (I) (we) last saw the deceased alive an 3-30	19	19
	and that in(my) (our) opinion death occ	curred on the dal
and hour and from the causes stated above. (I) (We) (did) (did not) v	rlew the body after death.	
a división and and a series de la companya della companya de la companya della co	ending Med. Stoff C	NED
DEGREE Phy	s. Director Phys. 42 2-30	.7 1.
NAME (Typo)	23D. ADDRESS	
NARCISO A. DE BOSSA DEGREE		
REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OF CR	tony, lowing or cooling	ty) (Stoto)
Burial 4/2/71 Loudon Park (Cemetery Baltimore City, Ma	ryland
SA. DATE REO'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DDRESS
PR 2 1971 (LAGE & Red. 70)	Walters Funeral Home Pratt8	Stricker
\$ 150-REV. 1/1/68	CHARLES CONTRACTOR OF THE CONT	

0	71	3218 BALTIMORE CIT	Y HEALTH DEPARTMENT	71 3218
BIRTH NO.		CERTIFICA	ATE OF DEATH REG.	No.
1. NAME OF DEC	Edis IRE	NE PENROD	2, DATE AND HOUR OF	DEATH (MARCH 29, 1971)
3. PLACE IN BA	LTIMORE MARYLAND, WH		4. USUAL RESIDENCE (Where deceased li	
FULL NAME DE			A. STATE B. COUNTY	2854
HDSPITAL DR	ADDRESS DE LOCAT	L DR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
mainonon (4615 PEN Luci	Road	Baltimore	YES X NO
00 "	7615 PEN Luci BAHIMOTE, MAR	51 and 21229	E. STREET AND NUMBER	LES NO
	,		4615 PEN Lucy Ro	Ad
. SEX	6. RACE	· MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In ye	
LEWULE	MPUFE	WIDOWED DIVORCED	JUNE 16, 906 last birthday)	Menths Days Hours Min.
		OB, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTR
Office (working life, even it retired)	DEPARTMENT StorE	Illinois	U.S.A.
3. FATHER'S NA		Schuttinger, Store	14. MOTHER'S MAIDEN NAME	~
	AT BENJAMIN	V BArnhill		B
			EllEM	BullArd
o. Was Deceased Yes, no er unknewn	Ever in U. S. Armed Force (If yes, give war er dotes	ef service) 1 6. SOCIAL SECURITY NO.	17. INFORMANTSON) 879-1511	614 WENDERSS Drive
No		212-34-6209	Mr. Thomas J. PENrod	BEI Air Wanter SIOIA
18.1./	0 01	CAUSE OF DEA		APPROXIMATE INTERVAL
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5.527	LEADING TO DEATH	(// ()	e Cirmolia e a so.	man' X
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heert feilure,	asthenia, etc. It means to aplication which caused d	he disease,	A CONSEQUENCE OF:	1
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	ANTECEDENT CAUSES	(B) c tak	Nevrona M. I.	6
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UNDERLYING	G CONDITION last	(C)	o de grand	1970
	- 11	(0)		
OTHER SIGNIF	TICANT CONDITIONS CON	PIRITING		
TO THE DEAT	H BUT NOT RELATED TO THE	TERMINAL		
119A. DATE OF	ONDITION GIVEN IN PART	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes er No.) 20B. IF YES	WERE FINDINGS CONSIDERED
21A ACCIDE	WAS PERFO	RMED	NO IN CERTIFY	NG CAUSES OF DEATH?
	NT WAS UNDERLYING	218. PLACE OF INJURY (e.g., hame, lerm, lectery, street, e	in or about 21 C. WHERE DID (II In	Baltimere City, give exact location)
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S OF INJURY	tiviennii (Deyi (1801)	(Heur) 21E INJURY OCCURRED While At Not Whi	21F. HOW DID INJURY OCCUR?	
(APPROX)		Werk At Werk		
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	lost saw the deceased	9 10	- // - /	
		27 3/ 1)	/	our) opinion deoth occurred on the dat
		above (i) (We) (did) (did nat)	view the bady after deoth.	
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1991	Mounta	THE PROPER Phy	ending Med. Staff Phys.	3-30-71
23C. PHYSICIA	N'SALIII	MARYLAND	23D. ADDRESS	
· Frence	BALTIMORE 28,	Myssa		
		24C. NAME et CEMETERY et CR	EMATORY 24D. LOCATION	(City, tewn, or county) (State)
	MATION, 248. DATE	A		The Holy of Harden Control
ושערים	April 1,19			ford Co, Mayland 21014
SA. DATE REC'D		SE NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	W. Brondway & Corlliams St.
APR 2	1971 Persons E	. Jaber, M.D.	Joseph william Toster	BEL Air Pragland 21014
'S 150-REV. 1/1/	68		- 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

111-400 71	2040 BALTIMORE C	ITY HEALTH DEPARTMENT		71 3219
BIRTH NO.	3218 CERTIFIC	ATE OF DEATH	REG. NO	11 0210
1. NAME OF DECEASED (Type or Print) WALL MR	3. LOUISE A.	31M	NO HOUR OF DEATH	11:45 0
3. PLACE IN BALTIMORE, MARYLAND, Y	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived, if i	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOC INSTITUTION	TAL OR INSTITUTION, GIVE STREET ATION)	MARYLAND C. CITY OR TOWN)	701
2 2/		BALTIMOR		SIDE CITY LIMITS?
57		E. STREET AND NUMBER		YES NO
BON SECOURS 1		804 N KEN	1 GOOWU	AVE
FEMALE WHITE	WIDOWED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 07/06/83	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of world	k 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote of fore	eign country)	12. CITIZEN OF WHAT COUNTS
one during most of working life, even it felifed)		10-511-511-51		12. CHIZEN OF WHA! COUNT
Home Maker 3. FATHER'S NAME		PENNSYLV	ANIA	USA
		14. MOTHER'S MAIDEN NA	ME Caroli	no Pudolnh
EDWARD BIL	ZER	XXXXXXX	XXXXXXX	ne Rudolph
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (II yes, give war or dote	rces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	176704-14	ADDRESS
	212-67-6348	PXXXXXXXXX	Tor Leste	r A Wall
18. 3 60.4	CAUSE OF DEA	ATH	1 21 10000	APPROXIMATE INTERVAL
DISEASE OR CONDITION DI	RECTLY			BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE C	Alle Ocuto libria	vous per to	sti weeks
(This does not meon the made of heart failure, osthenio, etc. It means	dving. e.g.	S A CONSEQUENCE OF:	usus facuso	aug weens
injury or camplication which coused	deoth.)	V	,	
ANTECEDENT CAUSES		- 4	11. 1. A.	
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rise to the above cause (A)	staling the	AS A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	*******************************	***************************************	
- 11				
OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING	malala sais	west & him	man martha
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OTHER SIGNIFICANT CONDITIONS COLOR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OP OPERATION 198. CON WAS PERF	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g. home, form, foctory, street,	in or obout ZIC. WHERE DID office bidg., INJURY OCCUR?	(If In Boltimor	e City, give exact location)
DEATH (notify medical examine)	etc.)			
21 D. TIME (Month) (Doy) (Yearl		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While Al Work At Wo	hile 🗍		
22 1			79	140000
22. I certify that (1) (this hospital		1 Upon	19 2/ ta .5/	19 7
that (i) (we) last sow the decease		19and th	ot in (my) (our) opi	nion deoth occurred on the dat
and have and from the causes stat	ed abave. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	A-2 1			23 B. DATE SIGNED
Jan Legelle	D ALC DEGREE PI	Hending Med. Director	Staff Phys.	3/20 arch 3
23G. PHYSICIAN'S NAME (Type)	(171)	BAT COM	16632	HOD.
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF C		OCATION (Ci	y, town, or county) (State)
Burial 4/3/71	Most Holy Red	deemer	Baltimore.	Maryland
SA. DATE REC'S BY HEALTH DEPT.	258 NAME OF REGISTERS	Leonard J R		Baltimore, Md
\$ 150-REV 1/1/69		neonaid o v	MCK THE !	Dar ormore, Ind



FUNERAL DIRECTOR:

	271 322	0.0		HEALTH DEPARTMENT	REG. NO	71 3220
BIRTH NO. 1. NAME OF DEC (Type or Print)		mor II			AND HOUR OF DEATH	н
	oenges, El			3	/31/71	19:45 a.,
FULL NAME OF	TIMORE MARYLAND, W	AL OR INSTIT	JNCED DEAD JHON, GIVE STREET	4. USUAL RESIDENCE (WA. STATE B. CO	here decaased lived, II UNIY	institution: rasidence belara admission
HOSPITAL OR	ADDRESS OR LOCA	ATION)		c.city or town Baltimore	D. IN	SIDE CITY LIMITS? YES NO NO
The Goo	od Samarita	n Hosp	ital	E. STREET AND NUMBER 3008 Chris	thpher Ave	2. 21214
SEX	6. RACE	7. MARRIED	NEVER MARRIED K	8. DATE OF BIRTH	9. AGE (In yours	II Under 1 Yr. , If Under 24 Hrs
Male	Caucasian	WIDOWED	DIVORCED	4-27-97	73 Vrs.	II Under 1 Yr. if Under 24 Hrs Manths: Days Haurs Min.
one during most af v	vorking lile, even if retired)	IOP KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or fo	oraign country)	12. CITIZEN OF WHAT COUNTR
Clerk		B&O R	R	Marylan	d	USA
3. FATHER'S NAM	AE			14. MOTHER'S MAIDEN N		
Frederi		oenges		Elizabeth U	rban	
res, no or unknown)	Ever in U. S. Armod Fare Of yas, give wor or dote:	s of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Unknownx	No		705078240	Mr. Carl P.	Doenges	(Same)
	 E OR CONDITION DIR LEADING TO DEATH	ECTLY	CAUSE OF DEATI	A planner	Perofic c	BETWEEN ONSET AND DEAT
DISEASES Of the to the	asthenia, etc. II means plication which coused where the couses R CONDITIONS, it a above cause (A) CONDITION last.	death.)	(B)	A CONSEQUENCE OF:	> 0000 to(3	
TO THE DEATH	II CANT CONDITIONS CON I BUT NOT RELATED TO TH ENDITION GIVEN IN PART	E TERMINAL	status pe	st resection	in of	12/1/1970
19A. DATE OF	OPERATION 198 CONE WAS PERF	ORMED	HICH OPERATION	YES	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OP DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21B, home orcal	PLACE OF INJURY (e.g., in , form, foctory, street, aff	or about 21 C. WHERE DID ico bldg., INJURY OCCUR?		re City, give exect location)
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		B At Not While At Work	21F. HOW DID IN	JURY OCCUR?	
22. 1 certify t	hat (1) (this hospital)	attended th	e deceosed from		19 to	10
that (1) (we) 1	ast saw the deceased	alive on		19ond t	hat In (my) (our) opi	Inion death occurred on the date
ond haur ond	from the couses state	ed above. (1)	(We) (did) (did not) vi	ew the body ofter deoth	•	
23A. SIGNATUR	A. over		ND · Atter	ding Med.	Staff Phys.	23 B. DATE SIGNED
23C. PHYSICIAN NAME (Ty)	A. Orer,	M.D.	GEGREE 2	3D. ADDRESS		tan Hospital
REMOVAL (Sp Burial	ATION, 24B. DATE 4/3/7		ME of CEMETERY OF CRE/		LOCATION (C	ily, town, ar county) (Stote) more, Md.
APR 2		E GAL		Leonard J.	Ruck, Inc.	Balto. Md. 2121



11) 15	-5-		CITY HEALTH DEPARTMENT 71 3221
BIRTH NO.	5 71	3221 CERTIFIC	CATE OF DEATH REG. NO. 12 SCEL
1. NAME OF DE	Ellen Wel	hrmann	2. Date and Hour of Death 3/31/71 11:4:
3. PLACE IN BA	ULTIMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. It institutions residence before adm A. STATE B. COUNTY
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?
37	Mercy Ho	ospital, Inc.	Baltimore YES NO DE STREET AND NUMBER 5119 Fait Avenue
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Y II Under
Female	Caucasian	WIDOWED DIVORCED	
	of working life, even if retired)	ook kind of Business or Indus Southern Hotel	TRY 11. BIRTHPLACE (Slote or foreign country) New York USA
13. FATHER'S NA			14. MOTHER'S MAIDEN NAME
	? ?	Pope	Mary ? ?
5. Wee Decesse (Yes, no or unknow	od Ever in U. S. Armed For (n) (If yes, give war or dote	res? Il 6. SOCIAL	17. INFORMANT ADDRESS 05 Mr. Philip Starkey Same
18. 44		CAUSE OF DE	
ise to t	OR CONDITIONS, if the above cause (A) IG CONDITION last. II IFICANT CONDITIONS CONTINUES CONTIN	(c)	AS A CONSEQUENCE OF:
	CONDITION GIVEN IN PAR OF OPERATION 198 CON WAS PER	IDITION FOR WHICH OFERATION	20A. AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	21B PLACE OF INJURY (e home, farm, factory, stree	g, in or about 21C, WHERE DID (If in Boltimore City, give exact location) office bidg, INJURY OCCUR?
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		21F. HOW DID INJURY OCCUR?
	y that (1) (this hospital	i) attended the deceased from	3/7 19 7/ to 3/3/ 19 19 19 2/ and that In(my) (our) opinion death accurred on the
	•	ted above. (H (We) (did) (did	
23A. SIGNAT	TURE	0,6	Attending Med. Stoff 238, DATE SIGNED
23C. PHYSIC NAME	AWKI.N	DEGREE	23D. ADDRESS MERCY HOSPITAL
Burial			
DULTAL	(Specify)		MS I NO SECURE AND
25A. DATE REC	D BY HEALTH DEPT.	1 Parkwood Cen	Baltimore Maryland 25C. FUNERAL DIRECTOR ADDRESS
25A. DATE REC API	14/5/7	1 Parkwood Cen	netery Baltimore Maryland

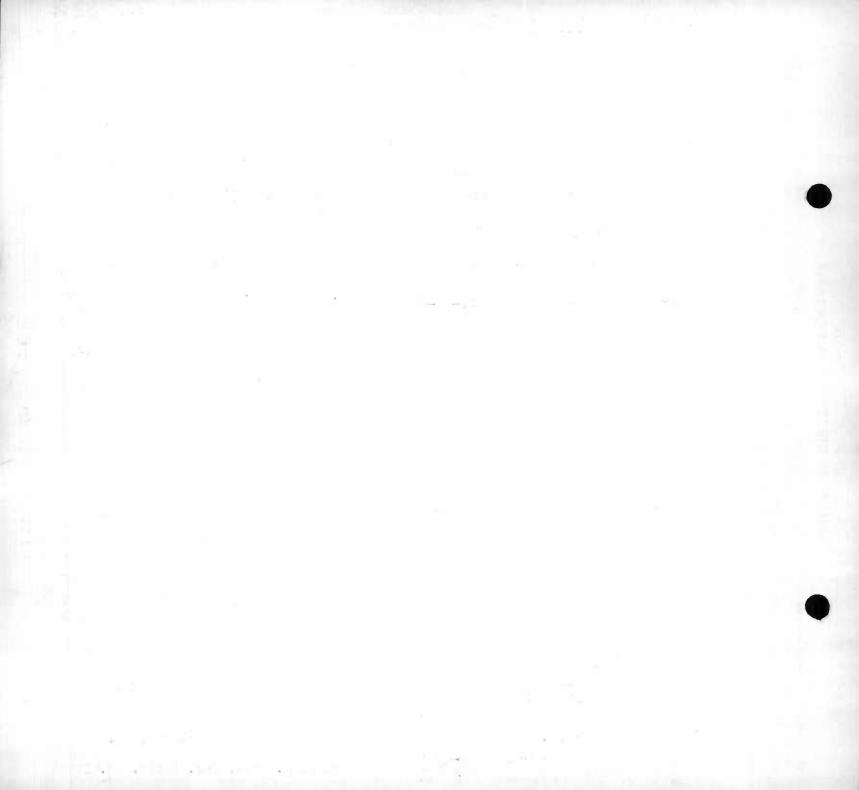
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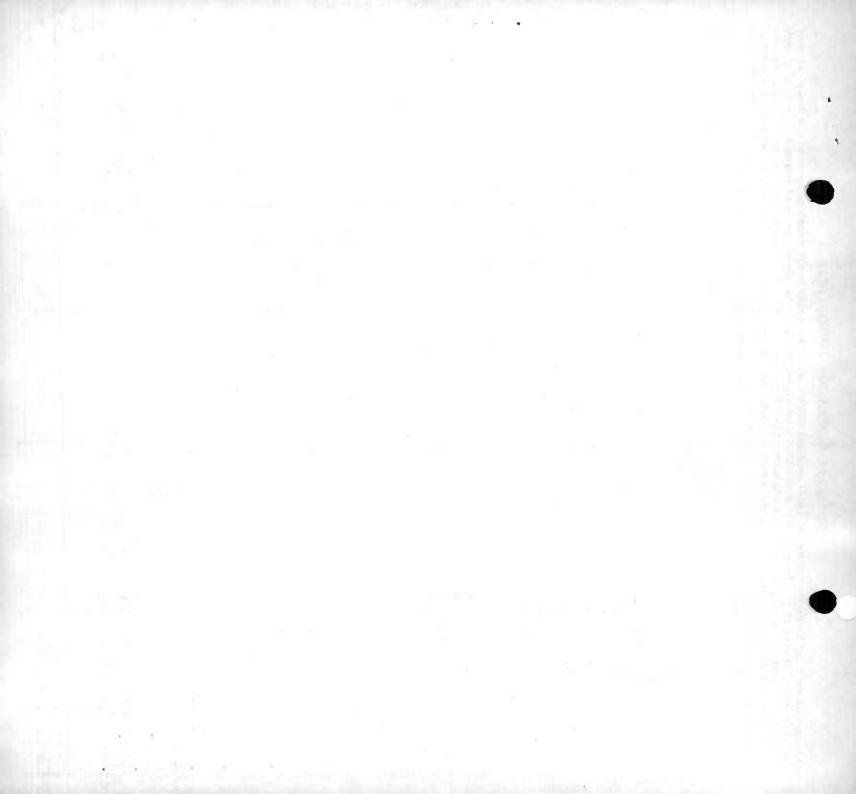


DIRECTOR:

FUNERAL



	1	D/	ALTIMORE CITY	HEALTH DEPARTMENT		
- 30	45 71 32	23. · · C	ERTIFICA	TE OF DEATH	REG. NO	71 3223
NAME OF				2. DATE A	ND HOUR OF DEATH	
Type or Print)	CATALAN	O. LewA	L.	291	1AR 71.	1335 P. M
3. PLACE IN	BALTIMORE, MARYLAND, V	HERE PRONOUNCED	CAS	A STATE B COU	ere deceased lived. If in	stitutions residence before admission)
HILL MAAAR	OF AT MOT IN MOTHE	AL OF INCOMINANT OF	11/2 670 000	MO		2652
FULL NAME HOSPITAL OF NSTITUTION	ADDRESS OR LOC	AL OR INSTITUTION, G	IAE ZIKEEL	C. CITY OR TOWN	In INS	IDE CITY LIMITS?
UNION	N MEMBRIAL	HOSDITAL		BALTIMURE		YES NO
1/1/	11001001111	7.50		E. STREET AND NUMBER		100
44				5605 RA	Poecke A	we. 21206.
. SEX	6. RACE	7- MARRIED NEVE	R MARRIED	& DATE OF BIRTH	9. AGE lin years lost birthday!	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
F	WHITE	WIDOWED	DIVORCED	15 JULY 1898.	72	
	CCUPATION (Give kind of wor	TOR KIND OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12 CITIZEN OF WHAT COUNTRY
-	st of working life, even if retired)					
Retiren	TAILOR (BASTED	Meno clotates.)		ITACY.	110	TAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. FATHER'S				14. MOTHER'S MAIDEN NA	uvis	
		Axmxdxxxxx L	epore	LXXXXXXXXXX	, ANNA	,
Was Dece	used Ever in U. S. Armed Fe- lown) (If yes, give war or date	res? 16. SOC	AL INITY NO	17. INFORMANT SON		ADDRESS
	onth of Jest Sive was of Ban		JRITY NO.	SAMURC J. C.	1741000	5605 RADRELLE AVE
NO			10-7016 USE OF DEATH		TIMEANO	APPROXIMATE INTERVAL
18.	58 //	1 1 1 1 1	COSE OF DEATH			BETWEEN ONSET AND DEATH
DIS	EASE OF CONDITION DI LEADING TO DEATH	RECTLY		0	- , , :	30 40 1
(This doe	s not mean the mode of	dring Fear	IMMEDIATE CAU	SE PULMONARY CONSEQUENCE OF:	EMBULLIS.	30 MIN
heart faile	ure, asthenia, etc. It means	THE GIZZOZE	DUE IO, OK AS A	CONSEQUENCEON		
injury or	complication which caused	a vo	>			
	ANTECEDENT CAUSES		FRACTU	A CONSEQUENCE OF	ip UNTERTROUM	ANTIRIC 7 OAGS.
	OR CONDITIONS, II		DUE TO, OR AS	A CONSEQUENCE OF:		
	the above cause (A)	stoling the	FALL	AT Home.		
ONDERE	IIII CONDITION IUSE	0 7 2 1				
Z		ALTOHOLIE STATE	Obesit	J		15 + years.
E TO THE D	BNIFICANT CONDITIONS CO PEATH BUT NOT RELATED TO 1	HE TERMINAL	DIABETE	S MCLLITUS,		15 YEARS
	OR CONDITION GIVEN IN PAIL OF OPERATION 1198 CON	RT 1 (A).	PERATION	20A. AUTOPSYS (Yes of N	ol 208 IF YES WERE	FINDINGS CONSIDERED
E CONTRACTOR	WAS PER	PORMED			IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
25/	DENT WAS UNDERLYING		OFT HIP	or about 21C, WHERE DID	(II to Political	re City, give exact lacation)
OR CONT	RIBUTING CAUSE OF	home, farm,	factory, street, all	ice bldg. INJURY OCCUR?	le iu pairimai	re City, give exact lacation)
	cally medical examined	IN HO	me /	1 5605	RADECKE	Ave 21206.
OF INJUR	IMonth! Day) (Year)	IHoud 21E INJURY	OCCURRED O	21F. HOW DID IN	JURY OCCUR?	
# OF INJUR	5444 54 6	630 While At Work	Not While	400	3	
(APPROX)						
(APPROXI	1 111 111			FACE	N FLOOR.	an 36
22. 1 cer	tify that (i) (this hospita	l) attended the dece	sed from 17	AR LI	19 2/ ta 127.	9R . 29 19 7/.
22. 1 cer	1 111 111	l) attended the dece	sed from 17	AR LI	19 2/ ta 127.	
22. 1 cer that (I) (tify that (i) (this hospita	l) attended the decer ed alive an MA	R Lq	19 7 and t	19 <u>7 </u>	
22. 1 cer that (I) (tify that (i) (this hospita we) last saw the decease and from the causes sta	l) attended the decer ed alive an MA	R Lq	19 7 and t	19 <u>7 </u>	
22. 1 cer that (I) (tify that (i) (this hospita we) last saw the decease and from the causes sta ATURE	I) attended the decer ed alive an MA ted abave. (I) (We) (I	ased from 19	AR 1 and t	19 Z/ta <i>Y</i> hat in(my) (our) apl	nion death occurred on the date
22. 1 cer that (I) (and hour 23A. 5IGN	tify that (1) (this hospital we) last saw the decease and from the causes start ATURE	I) attended the decer ed alive an MA ted abave. (I) (We) (I	R 19 Ald (did not) v	19 7 and to lew the bady after death. Med. Director	19 <u>7 </u>	nion death occurred on the date
22. 1 cer that (I) (and hour 23A. SIGN 23C. PHYS	tify that (1) (this hospital we) last saw the decease and from the causes start at URE ATURE ATURE	i) attended the deceded alive an MA ted abave. (i) (#6) (i	ased from A	19 7 and to lew the bady after death. Med. Director 13D. ADDRESS	hat in(my) (our) api	238 DATE SIGNED 29 Mar 7/
22. 1 cer that (I) (and hour 23A. 5IGN 23C. PHYS	tify that (i) (this hospital we) last saw the decease and from the causes stated at the course of th	i) attended the decered alive an MA ted abave. (1) (We) (i) well MA	DEGREE Phys	19 7 and to lew the bady after death. Med. Director Director Director Uni	hat In(my) (our) apl	238. DATE SIGNED 29 Mar 7/ Hospital
22, 1 cer that (I) (and hour 23A, 5ign 23C, PHYS	tify that (i) (this hospital we) last saw the decease and from the causes stated at the course of th	i) attended the deceded alive an MA ted abave. (I) (#e) (i well Market	DEGREE Physics DEGREE CEMETERY OF CRE	19 7 and to lew the bady after death. Inding D Med. Director Dire	hat In(my) (our) apl	238 DATE SIGNED 29 Mar 71
22, 1 cer that (I) (and hour 23A, 5ign 23C, PHYS	tify that (1) (this hospital we) last saw the decease and from the causes start at URE ATURE ACIANS AE IType) Edmo: CREMATION, 248. DATE AL (Specify)	i) attended the deceded alive an MA ted abave. (I) (#e) (i well Market	DEGREE Phys	19 7 and to lew the bady after death. Inding D Med. Director Dire	hat In(my) (our) apl Shaff Phys. On Memorial LOCATION (C	238 DATE SIGNED 29 Mar 7/ Hospital ity, town, or county) (State)
22. 1 cer that (1) (and hour 23A. 51GN 23C.PHYS NAN 24A. SURIAL REMOV. Buri	tify that (i) (this hospital we) last saw the decease and from the causes stated at ure ATURE AL (Specify) AL (2/7)	i) attended the deceded alive an MA (1) (140) (1) (140) (1) (140)	DEGREE Physical Creedeemer Co	19 7 and to less the bady after death. Med. Director 13D. ADDRESS United MATORY 24D. MATORY 24D.	hat In(my) (our) apl Staff Phys. On Memorial LOCATION (C Baltimor	238 DATE SIGNED 29 Mar 7/ Hospital ity, town, or county) (State)
22. 1 cer that (I) (and hour 23A. 5ign 23C. PHYS NAM 24A. SURIAL REMOV. BUT i	elfy that (1) (this hospital we) last saw the decease and from the causes starture ATURE ACIGNAS ACREMATION, 24B. DATE AL (Specify) B. 1 4/2/7 EC'D MA HEALTH DEPT.	i) attended the deceded alive an MA ted abave. (I) (#e) (i well Market	DEGREE Physical Creedeemer Co	19 7 and to lew the bady after death. Inding Med. Director 130. ADDRESS WATORY 240. 25C. FUNERAL DIRECTO	hat In(my) (our) apl Staff Phys. on Memorial LOCATION (C Baltimon	238. DATE SIGNED 29 Mar 7/ Hospital ity, town, or county) (State) Ce, md.
22. 1 cer that (1) (and hour 23A. 51GN 23C.PHYS NAM 24A. SURIAL REMOV. Buri	elfy that (1) (this hospital we) last saw the decease and from the causes start at ure ATURE ACCIONATION, 248, DATE AL (Specify) 81 4/2/7 ECID MIN HEALTH DEPT.	i) attended the deceded alive an MA (1) (140) (1) (140) (1) (140)	DEGREE Physical Creedeemer Co	19 7 and to lew the bady after death. Inding Med. Director 130. ADDRESS WATORY 240. 25C. FUNERAL DIRECTO	hat In(my) (our) apl Staff Phys. on Memorial LOCATION (C Baltimon	238. DATE SIGNED 29 Mar 7/ Hospital (State) (State)



FUNERAL DIRECTOR: IMPORTANT

K	Saltimore City	HEALTH DEPARTMENT X 71 3224
	KIII IVO.	TE OF DEATH REG. NO.
(T)	ype or Print) Stein, Christopher	Harry 3/30/71 7.30
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY
H	OSPITAL OR ADDRESS OR LOCATIONI	Maryland Kent 6400
1	8811mir. Hospital, Balt.	Chestertown YES NO XX
	mo.	RFD Tolchester (RD # 2)
	Male white widowed Divorced	8. DATE OF BIRTH 1-28-46 9. AGE (In years last birthday) Manths: Days Hours Min.
gol	ne during most of working life, even if refired)	Coaldale, Pa. USA
13.	FATHER'S NAME Harry Stein	Anna Rother
15. (Ye	s, no of unknown! (If yes, give wor of dates al service) SECURITY NO.	17. INFORMANT Chart ADDRESS
		approximate interval BETWEEN ONSET AND DEATH
	(B)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SE A CONSEQUENCE OF: and Mitral Insufficency A CONSEQUENCE OF: Candral failure
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Ocardial factors
FICATI	10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DAJE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CI		or obout 21 C. WHERE DID (If In Boltimere City, give exect location)
MEDI	21 D. TIME (Month) (Doyl (Year) (Haur) 21 E. INJURY OCCURRED While At Wark Nat While At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this haspital) attended the deceased fram	3/25 197/103/70 197/
		and that in (my) (aur) apinion death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did nat) vi	
	E Shafn n D BEGGE Phys.	iding Med. Shoff Director Phys. 123B. DATE SIGNED
	NAME (Type)	Univ. Of Md. HospBalto Md
24A	REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OF CREATERY	MATORY 24D. LOCATION (City, town, or county) (State)
25.6	Burial 4/3/71 OddFellows Cem	
1	PR 2 1971, UGB & COMPANY	25C. FUNERAL DIRECTOR WILLIAM Chestertown, Md
	MEDICAL CERTIFICATION	ERTH NO. STEIN CERTIFICA I. NAME OF DECEASED (Type or Pain) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF ADDRESS OR LOCATION 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF ADDRESS OR LOCATION 3. SULL NAME OF ADDRESS OR LOCATION 3. SULL NAME OF ADDRESS OR LOCATION 3. SULL NAME OF ADDRESS OR LOCATION 3. SEX Male I.O. NEVER MARRIED I.O. WIDOWED I.O. DIVORCED I.O. USUAL OCCUPATION (Give kind of work) lost, kind of BUSINESS OR INDUSTRY Of Monde during most of working life, even if relief I.O. USUAL OCCUPATION (Give kind of work) lost, kind of BUSINESS OR INDUSTRY OR INDUSTRY OF BUSINESS OR INDUSTRY OR INDUSTRY OF BUSINESS OR INDUSTRY OR INDU

and stoped and as delet Herry Stein ATTHE NOTICE 1 1547 Berther was the second through 3/30 3/4 5/ N 3-35 N

BALTIMORE CITY HEALTH DEPARTMENT 3225 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO 1. NAME OF DECEASED 2. DATE Known XX Month Doy Year Hour (Type or Print) OF 3 28 Odie Simmons Sr. 71 12:45 PM Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Yeor PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF 28 71 12:45 pM HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY 1715 W. Balto. St. (Garage) Md 6. SEX C. CITY OR TOWN D. INSIDE CITY LIMITS' B. MARRIED NEVER MARRIED male Nebro WIDOWED DIVORCED _ NO Balto, YES E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) 1/2 Months | Doys | Hours | Min. 610 Hillenview Rd. 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? uginia 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? B. INFORMANT ADDRESS SECURITY NO. or unknown)(If yes, give wor or dotes of service) APPROXIMATE INTERVAL CAUSE OF DEATH ETWEEN ONSET AND DEATH Carbon monoxide poisoning DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) home, form, foctory, street, office bldgs, etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-GARAGE 1715 W. Balto, St. (Garage) UTING CAUSE OF DEATH. 22D. TIME 22E.INJURY OCCURRED (Month) (Doy) (Yeor) (Hour) 22F. HOW DID INJURY OCCUR? OF INJURY Subject inhaled carbon monoide poisoning NOT WHILE (APPROX.) AT WORK I certify that I held an Inquiry Inspection XX Autopsy and that an this basis, death in my opinion Accident XX Suicide Homicide ___ Undetermined manner ___ resulted from: Notural couses CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 3/29/71 ASSOCIATE MEDICAL EXAMINER XX Peter Lipkovic, M.D. **EXAMINER'S** NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION 24B. DATE (City, town, or county) (Stote) 25C. FUNERAL DIRECTOR ADDRESS 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR Pale E. Jasban M.D.

VS 151-REV, 1/1/6B

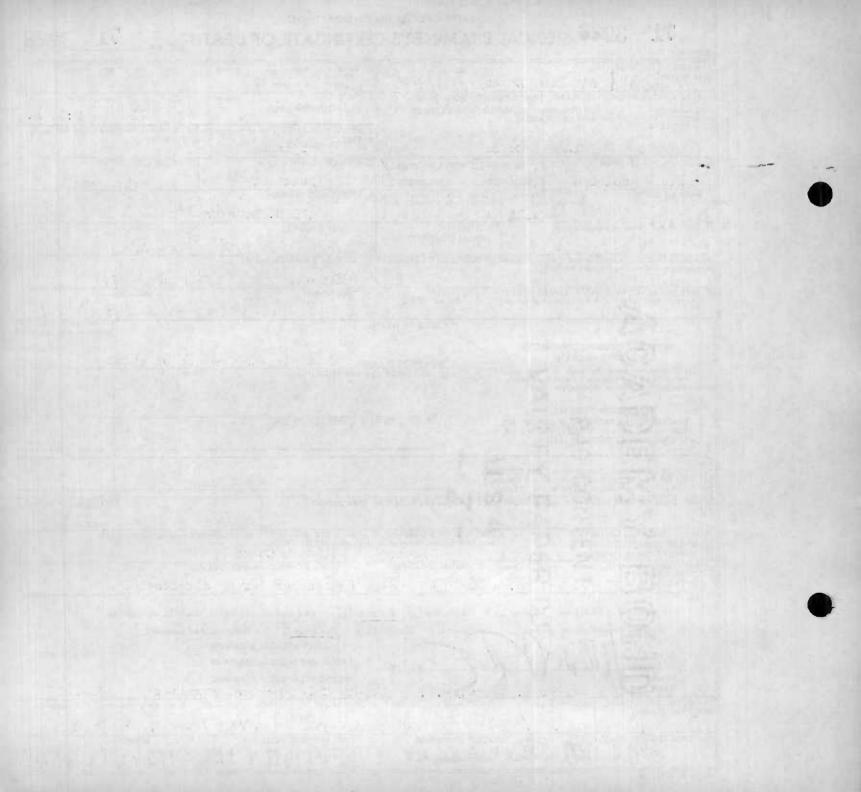
10-10-27 U.S. A. Challes Aminund i moth Style Style 4-1-71 aleates Market achieters Tres Buil CLEWITH THE WASTER CLAREST

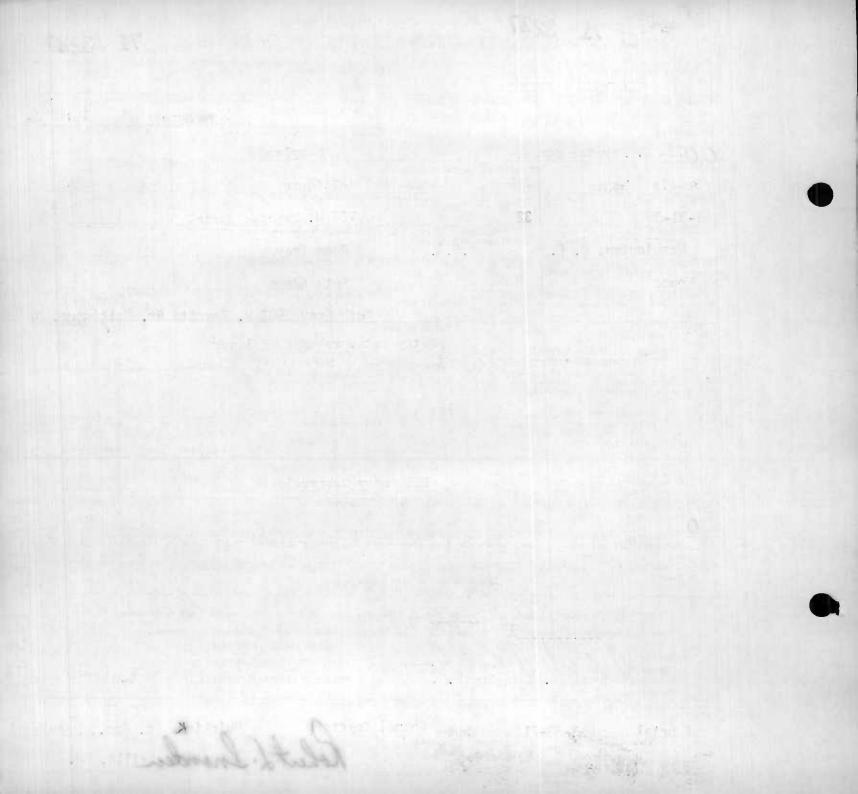
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VS 151-REV. 1/1/68

Physical Control	0000		Di Allinione Gilli	TENETH DELAKIMENT	
/1	3226	MEDICAL	EXAMINER'S	CERTIFICATE O	OF DEATH

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH TO NO. 71 3226
BIKIH NC.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Manth Day Year Hnur
MAYMOND Allonso Lowery TUPNEY	DEATH Estimoted L.I.
4. PLACE IN/BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3 30 /1 '9:50 a. _{M.}
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
1204 H Court	Maryland 6/14
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male colored WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AND NUMBER
Aug. 2, 1948 22	125 N. Broadway
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
MARY LAWD WHAT COUNTRY?	Raymond Turner
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
The state of the s	Beatrice Blackwell
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
SECORITY 140.	Beatrice Parker - 1204 H. Court
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE C	AUSE Multiple stab wounds of chest
	S A CONSEQUENCE OF:
Injury or complication which caused death.)	
ANTECEDENT CAUSES (8)	
(U)	AS A CONSEQUENCE OF:
I IINDERIVING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING TOP CONTRIB	in or shout 22C WHERE DID (II In Self-man City, also areas I and a
UNDERLYING SOR CONTRIB- UTING CAUSE OF DEATH. UNDERLYING SOR CONTRIB- home, form, foctory, street, office house	1204 H Court
22D. TIME (Month) (Doy) (Year) (Hour) 22E INTIERY OCCURRED	22F HOW DID IN HIRV OCCUR
OF INJURY (APPROX.) 3 28 71 ? p. m. WHILE AT NOT WORK	while stabbed during altercation
23.	
I certify that I held on Inquiry Inspection Au	opsy 🛮 ond that on this basis, death in my opinion
resulted from: Notural couses Ascident Suicid	Homicide X Undetermined monner
111/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S /	ASSOCIATE MEDICAL EXAMINER
	eputy Chief Medical Examiner 3/30/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 4-3-11 MT. Aubyr	NCem. Westwort Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
APR Z HA JORGE E Jako MA	[E]]: HEH 1720210 12 84





VS 150-REV. 1/1/68

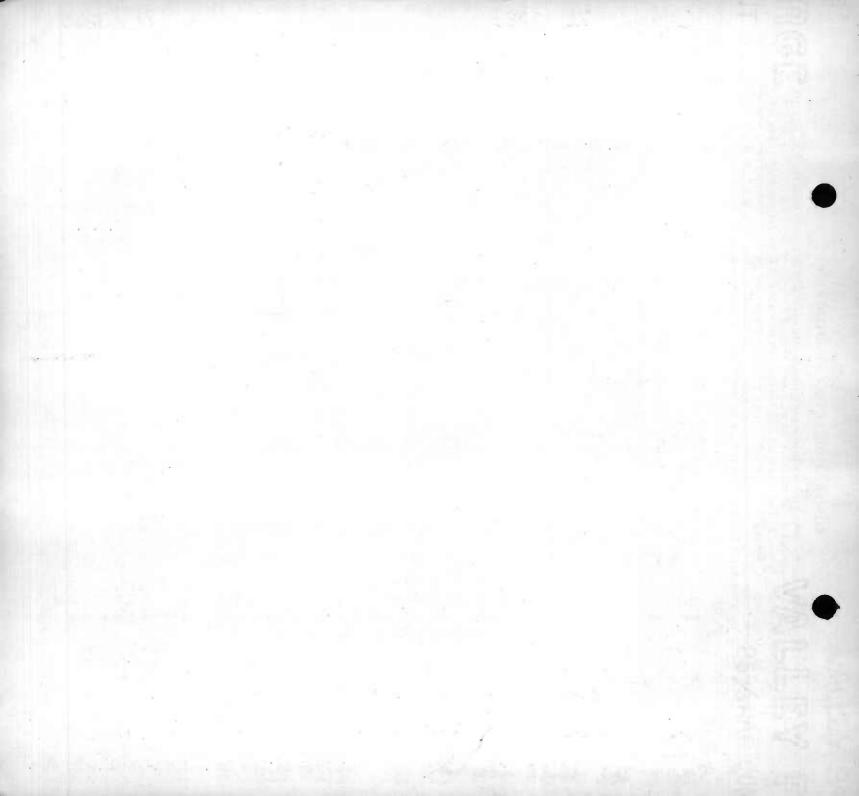
BALTIMORE CITY HEALTH DEPARTMENT

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	AME OF DECEAS e ar Print)	ANDREW	ZACHA	RKIW		1 1, 1971	
3. P	LACE IN BALTIM	ORE, MARYLAND, W	HERE PRONO	UNCED DEAD		re deceased lived. If	institution: residence before admissi
HO	LL NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT ATION)	UTION, GIVE STREET	Maryland c. City or town	D. 1N	SIDE CITY LIMITS? YES NO NO
0	0 410	S. Wolfe S	treet		Baltimore E. STREET AND NUMBER 410 S. Wo	olfe Street	TES NO
	ale V	White	WIDOWED		0 42, 27, 200	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hours Min.
IOA, done	during most of work Retired	TION (Give kind of warl ing life, even if retired)	k 10B. KIND OI	F BUSINESS OR INDUSTRY	Ukrain	ign cauntry)	U.S.A.
13. F	FATHER'S NAME		Zachark	iw	14. MOTHER'S MAIDEN NA	ME	
Yes,	Nos Deceosed Eve , no or unknown) (If	yes, give war or dote	ices? es af service)	16. SOCIAL SECURITY NO. 213-30-2129	17. INFORMANT Mrs Anna Stelm	nach 3314	ADDRESS Moravia Road
	injury or camplic ANI DISEASES OR	henio, etc. II meons colion which caused ECEDENT CAUSES	I death.) ony, giving	(B)	A CONSEQUENCE OF:		
NOI	DISEASES OR rise to the CUNDERLYING C	CONDITIONS, if one course (A) ONDITION lost.	ony, giving sloling the	(B)			
ATIC	DISEASES OR rise to the country of t	CONDITIONS, if ONDITION lost.	ony, giving sloling the ontributing the terminal (A).	(B)	S A CONSEQUENCE OF:	CLNST CR	
CERTIFIC	DISEASES OR rise to the country of t	CONDITIONS, if the course of the course (A) on the course (A) on the course (A) on the course of the	ony, giving sloling the Shall the TERMINAL RT 1 (A).	(B)	BA CONSEQUENCE OF: BCAUSE	208. IF YES, WERI	WW.
DICAL CERTIFIC	OTHER SIGNIFICA TO THE DEATH B DISEASE OR CONIC OTHER SIGNIFICA TO THE DEATH B DISEASE OR CONIC 19A. DATE OF OP 21A. ACCIDENT OR CONTRIBUTIN DEATH (notify me	CONDITIONS, if the course of the course (A) on the course (A) on the course (A) on the course of the	ony, giving sloling the ontributing the ontributing the ontributing the terminal right (A).	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes ar Notifice bldg., INJURY OCCUR?	208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
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Pale E Jaboy Ma



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DIRECTOR:

FUNERAL

NO C

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

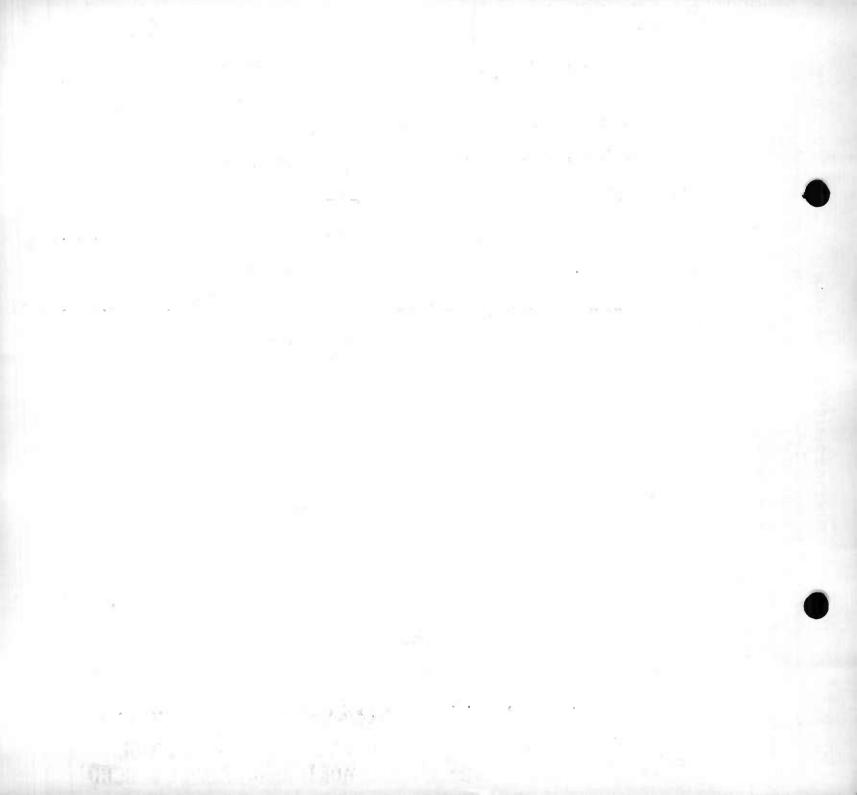
If Under 24 His. Hours

Adm. 5/15/2.7

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DIRECTOR:

FUNERAL



VS 150-REV. 1/1/68

1304 Whexanglas IT	BALTIMORE CITY	HEALTH DEPARTMENT	1 7	1 3233 6		
BIRTH NO. 9905203 71 3233	CERTIFICA	TE OF DEATH	REG. NO.	- 0,00		
1. NAME OF DECEASED (Type or Print) 2 D		2. DATE AND	HOUR OF DEATH	15		
Daby Doy Gasque		3/26	171	10- AMM		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONGUNCED DEAD		4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: sesidence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	. Hos	P. 1901		
INSTITUTION						
Pil.		E. STREET AND NUMBER				
University HospiTAL		Comband + Green ST.				
WIDOWED	DIVORCED	3/23/7, 10	ST DIFINGOYI	Months Days Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Slote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY		
done during most of working life, even if retired)		44: D	- 000	/ . 5 4		
13. FATHER'S NAME		BAC	I. Ma	USA		
7-1		14. MOTHER'S MAIDEN NAM	7 2	>		
John Gasque		Barbara				
	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
			,			
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH		
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Keso, ar	-RST			
(This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:				
injury or camplication which caused death.)						
ANTECEDENT CAUSES (1) RESP. DISTURS SYNDIAM HAID						
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:						
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(a) PK	ematurity	,			
	(C)	correct oc 00.7	***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
E ITO THE DEATH RUI NOT RELATED TO THE TERMINAL				i		
DISEASE OR CONDITION GIVEN IN PART (A).	H OPERATION	20A. AUTOPSYZ (Yes or No)	OUR IE AES MENE EIN	DINGS CONSIDERS		
WAS PERFORMED		FI	208, IF YES, WERE FIN	ES OP DEATH?		
U 21A. ACCIDENT WAS UNDERLYING 218. PLAC	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID	Af In Rollimore C	City, give exect location)		
Y PEN IT VIOLITY Medical examined leic.)	rm, lactory, street, affi	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	hi ni poliniole (any, give exect lecation;		
OF INJURY (Month) (Doy) (Your) (Hour) 21E INJURY	URY OCCURRED	21F. HOW DID INJUR	Y OCCUR?			
[[(APPROX)	Not While					
Work	At Work					
22. I certify that (1) (this hospital) attended the de		2/42/19	_1/_to5/	26 19 71		
that (i) (we) lost sow the deceased alive on 3/26/ 19 7/ and that in (my) (our) opinion death occurred an the date						
and have ond from the causes stated abave. (1) (We) (did) (did not) view the bady ofter death.						
23A. SIGNATURE 23B. DATE SIGNED						
23C. PHYSICIAN'S		Director L. Ph	off of	3/26/71		
NAME (Type)						
24A. BURIAL CREMATION, 1248. DATE 124C. NAME	OL CEMETERY OF CREE	ALTANY BAL	BR OF MI	DE PRINTAL		
REMOVAL (Specify)	January of CKE	TITA I U III I 29 095	THE IT THE	(Stole)		

25% HAME OF REGISTION

1304 W. Lexington St.

11	(3263 Helles Cale Rd BALTIMORE CITY HEALTH DEPARTMENT							
В	P. 400 REG. NO. 71 3234 CERTIFICATE OF DEATH REG. NO. 71 3234							
1,	1. NAME OF DECEASED (Type or Pont) 2. DATE AND HOUR OF DEATH							
	Baby VIrl Vow	el	3/2	4/21 8401				
"	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONO UNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY					
F	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN 10. Itosq 2802					
	38		Balt, Md YES NO					
University Hosp.		E. STREET AND NUMBER						
5.	SEX 6. RACE 7. MARR WIDOW	NED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	Il Under 1 Yr. Il Under 24 His. Months: Doys Hours Min.			
10	A. USUAL OCCUPATION (Give kind of work 108, KINI		11. SIRTHPLACE (State or for	a a a a a a a a a a a a a a a a a a a	O /			
do	ne during most of working life, even if retired)		Rolf no	A .	12. CITIZEN OF WHAT COUNTRY?			
13	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	a	USA			
	apa Poull	S. S. S. And S.						
15,	Wes Decessed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	7 VRY	060			
110	es, no or unknown! (If yes, give wer or detes of servi	SECURITY NO.	The state of the s		ADDRESS			
	18.	CAUSE OF DEATI						
	DISEASE OR CONDITION DIRECTLY	ONOTE OF DEATH	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH							
heart failure, osthering, etc. It means the disease								
injury or complication which caused death.)								
ANTECEDENT CAUSES (B) Respiratory Distress Syndrome Dirth								
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the								
UNDERLYING CONDITION last, (c) Prematurity BIVTh								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)								
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Baltimare (City, give exact location)			
정	DEATH (notify medical examiner)	home, form, foctory, street, aff etc.)	ico bidg., INJURY OCCUR?	pr in banmare c	chy, give oxact idealion/			
MEDI	21 D. TIME (Month) (Doy) (Year) (Hous)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
>	(APPROXI	While At Not While Work At Work						
22. I certify that (I) (this hospital) attended the deceased from 3/23 19 7(to 3/24 19 7(
that (I) (we) last saw the deceased office an 3/2 4/ 19 7/ and that In (my) (our) opinion deoth occurred on the dote								
ond haur and from the couses stated above. (I) (We) (did) (did not) view the body after death.								
23A. SIGNATURE 23B. DATE SIGNED /								
Attending Med. Staff A 3/24/7								
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS								
ROBERTA WARD WILLIAM LANGUES, to HOED.								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY IVI								
UNIVERSITY MEDICAL SCHOOL								
254	APR 2 1971 Robert C. Sall		25C. TOWERAL DIRECTO	LUICAL 36	ADDRESS			
VS	VS 150-REV. 1/1/68							

3203 Hillsdale Rd.

hospital

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such cause; (5) Deceased I NAME OF DECEASED 2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; residence, STATE B. COUNTY (Type or Print) MOORE, BERNIE death. 3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LAN D FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? YES X prior UNION MEMORIAL HOSPITAL OPYLAR TERRACE, BOS. 2/2/ regular is mad If Under 24 Hrs. 5. SEX 9. AGE IIn years If Under 1 Ye If Und Months! Doys Hours 7. MARRIED NEVER MARRIED bespese WIDOWED DIVORCED | (OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if settred) CAROZINA SMERICAN SECF GHPLO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eath 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (if yes, give war or doles of service) & SOCIAL 7. INFORMANT or final SECURITY NO. attendance Yes WW II 240-32-3056 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: regular ANTECEDENT CAUSES (B)
DUE TO, OR AS A CONSEQUENCE OF: be obtained before the remains are DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. physician Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (6) No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A-AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 119B CONDITION FOR WHICH OPERATION WAS PERFORMED 21 & PLACE OF INJURY In gr in or obout 21 C. WHERE DID home, form, factory, street, office bidg, INJURY OCCUR? 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Beltimore City, give exect location) MEDICAL DEATH (notify medical examined 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Houd 21 L INJURY OCCURRED While At Not While (APPROX) pup 22. I certify that (I) (this hospital) attended the deceased from... 3/29 131/19 death); 3/3//1971 __19_ and that in(my) (aur) opinion death accurred on the date that (i) (we) last saw the deceased alive on..... and haur and from the causes stated obove. (1) (We) (did) (did not) view the body after death. hospit 23A. SIGNATURE 23B. DATE SIGNED Attending prior to written approval 0 23C. PHYSICIAN'S NAME IType 23 D. ADDRESS at BERLORINI 410 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY deceased 24D. LOCATION D.0 Wilson Chapel Baptist Church Duplin Co.. Mary-Elizabeth Law 802 Madison Avenue VS 150-REV. 1/1/68

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4. USUAL RESIDENCE (Where deceased fived, It institution: resid D. INSIDE CITY LIMITS? YES X NO Il Under 1 Yr. Months: Ooys Il Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A AOORESS 138-03-3455D Mrs. Eunice Carter 4321 Belvieu Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If to Boltimore City, give exact location) and that In(my) (aur) apinion death accurred on the date or county! (Stote) Baltimore Md. AODRESS Mary-Elizabeth Law 802 Madison Avenue VS 150-REV. 1/1/68

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Spirot No.
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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Alsa, if the direct ar contributing cause of death of any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h; and (6) No physician was in regular attendance on the beobtained befare the remains are embalmed ar final disposition is made.
be a be d to to to tital ath) st be
ider ider hosp a de
his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Alsa, if the direct ar contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such vritten approval must be obtained befare the remains are embalmed ar final disposition is made.
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Sedy Sedy D.O.O.
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Ma	71	202		HEALTH DEPARTMENT	REG. NO	4+ 358V
LNAME OF DE	0	250	7 CERTIFICA		AND HOUR OF DEATH	
Type or Print)	Gustav 1	9. Mel	er		ril 1, 1971	9 45
3. PLACE IN BA	LTIMORE MARYLAND, V	VHERE PRONO	UNCED DEAD		here deceased lived, Il is	nstitution: residence before admis
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Md Bd	/10,	530
22				Baltimore		YES X NO
The J	ohns Hopkin	s Hosp	oital	E. STREET AND NUMBER	wood Rd	21206
5. SEX	6. RACE	7. MAPPIED	NEVER MARRIED	S. DATE OF BIRTH	9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours M
male	White	WIDOWED	= =	8/13/05	lost birthday	Months Doys Hours M
		LIOR KIND D	F BUSINESS OR INDUSTRY	1 1. BIRTHPLACE (Stole of I	oreign country)	12. CITIZEN OF WHAT COU
	of working life, even if reffred)	BA	read co	BALTIMO	RE MO	USA
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	IAME	
Loui	s Meier			Lena S	Schallbach	
5. Was Decease	nd Ever in U. S. Armed Fe	rces?	SECURITY NO.	17. INFORMANT		ADDRESS
No	2/1	77	216-03-3476	MARY F MEI	ER 710 E	CM WOOD RD 21
18. 9 9	9.01		CAUSE OF DEAT	R .		APPROXIMATE INTERV
DISE	ASE OR CONDITION DI	RECTLY	Pheumo	coccal pneumor	ria with	2 days
(This does	LEADING TO DEATH	l dulas as	(A) IMMEDIATE CAL	ema and sep	reemia	2 2 2 3
heort failure	not mean the mode of , asthenia, etc. It means	the disease	50210,0070	A CONSEQUENCE OF:		
injury or co	emplication which caused		metas	tatic adenocal	rcinoma	6 mont
22	ANTECEDENT CAUSES		(B)			
	OR CONDITIONS, if the above cause (A)		DUE 10, OR AS	A CONSEQUENCE OF:		
	IG CONDITION last	siding Ind	(c)			
	11					
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING				
⋖ DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).	WHICH REPATION	20A. AUTOPSY? (Yes of	Nall 20R IS VEC WEEK	FINDINGS CONSIDERED
	OF OPERATION 19% CON	PORMED		No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING BUTING CAUSE OF	21 hor	BPLACE OF INJURY la.g., in a. form, foctory, street, o	n of about 21 C. WHERE DID fice bldg. INJURY OCCUR	(If in Boltimo	ore City, give exoct locotion)
21D. TIME	(Month) (Day) (Year)	(Houd) 216	INJURY OCCURRED	21F. HOW DID I	INJURY OCCUR?	
OF INJURY		WI	hile At Not While	• 0	_	
22 1 corti	iv shoe A (ship bogaisa		the deceased fram		_19 7/_ to_ A	ocil / 197
						inlan death accurred an the
	at a second second					Third deals deconor as the
23A. SIGNAT		Ted above.	T) tues (gig) tere-yert (lew the body after deat	Πο	238, DATE SIGNED
	/ /		AH	nding Med.	Stoff N	April 1, 197
23C-PHYSIC	normas Eca	wis, n	DEGREE	22D ADDRESS		
23C+PHYSIC NAME	Thomas a	F. Davi	J. M. D.	Nonn	Hopkins Ho	
24A. BURIAL CI			DEGREE		LOCATION (C	Balt., Md. City, town, or county) (Sta
REMOVAL	(Specify)			All Chan	TRUMPS MI	LI RD BAJO!
BUR!	AL APRS	1971 GA	ROENS OF FA	17/4 CP /	100	ADDRESS
APR 2	1971 22 4	S Ja Da	. MA	D'IPPEL BR	205 INC 7/10	ADDRESS BELAIR ROAM
V\$ 150-REV. 1/	1/68				1	

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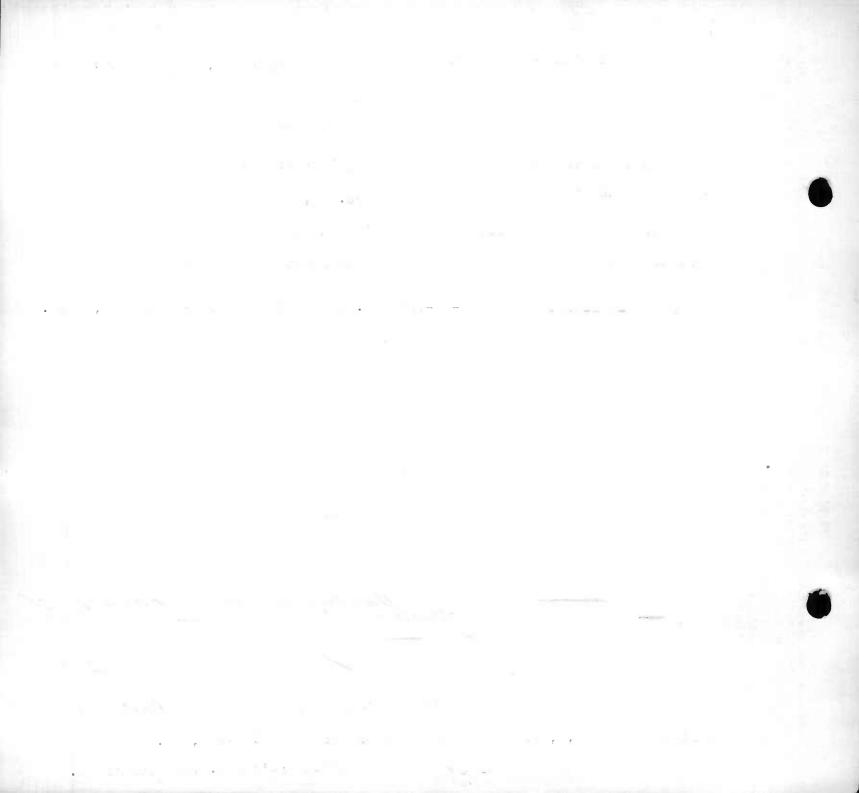
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BURIAL APRENTI GORDSHIS OF FAITH OFFT. TRUMPS MILL RD ROUS ---

1 90 PER BUIL ON 7116 BERLOW RIGHT

FUNERAL DIRECTOR: IMPORTANT

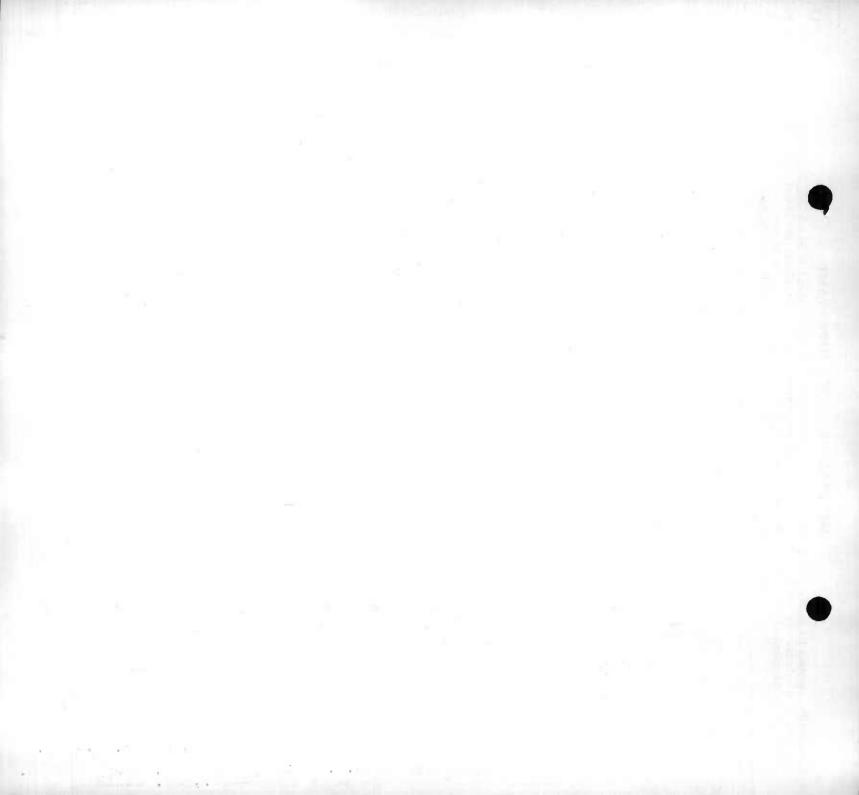
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 3238 CERTIFICATE OF DEATH REG. NO. 71 3238 2. DATE AND HOUR OF DEATH April 1, 1971 10:30 AM A. STATE B. COUNTY MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY Maryland A STATE Maryland A STATE Maryland A STATE Maryland A STATE Maryland
Type or Print) \ William James King April 1, 1971 10:30 AM April 1, 1971 April 1, 1971
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: tesidence before admission) A. STATE B. COUNTY
A. STATE B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland
ASSITUTION ID. INSIDE CITY LIMITS?
Baltimore YES X NO
E. STREET AND NUMBER
5918 Kavon Avenue 5918 Kavon Avenue SEX 6. RACE 7. MARRIED 1. NEVER MARRIED 1. 8. DATE OF BIRTH 12. AGE (in veges 1. if linder 1. v) if linder 24 Mar.
lost birthdey Months! Doys ! Hours Min.
MICHAEL DEC. 19,1889 82
ne during most of working life, even it retired)
Carpenter Marine Newfoundland USA
FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Arthur King Henrietta Goodyear
Wos Deceased Ever In U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
SECURITY NO.
18 CAUSE OF SCIENCE
APPROXIMATE INTERVAL
LEADING TO DEATH
(This does not mean the mode of dying and
heart laiture, asthenia, etc. It means the disease, injury ar complication which coused death.)
ANTECEDENT CAUSES (B) Artemoschentsi hent Liverie years
DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the
UNDERLYING CONDITION last. (C)
TO THE DEATH BUT NOT RELATED TO THE TERMINAL Disbets mellity years
DISEASE OR CONDITION GIVEN IN PART 1 (A).
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED 121A ACCIDENT WAS UNDERLYING TO 121B PLACE OF INTURY (S. 1.2
INO INO
21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
DEATH (nolify medical examiner)
21D. TIME (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Wark At Wark
22. I certify that (I) (this hospital) attended the deceased from fax upay 25 19 65 to people 1, 19 7/
that (1) (we) lest sow the deceased office an Hanes 4 19 7/ and that In (my) (our) opinion death accurred on the date
and hour and from the couses stated above. (1) (110) (did not) view the bady after death.
23A. SIGNATURE 23B. DATE SIGNED
Attending P Med. Shoff Director Phys. Director Phys.
23C. PHYSICIAN'S DEGREE Phys. Director Phys. L
DEGREE Phys. Director Phys.
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS A BURIAL CREMATION 1248 DATE 1240 NAME (CAMPANIE STATE
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel
23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Burial Apr, 3, 71 Moreland Memorial Park Director Phys.
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel



Bitte	W.1 00	BALTIMORE CITY	HEALTH DEPARTMENT		
	71 3239	CERTIFICA	TE OF DEATH	REG. NO	71 3239
(Тур	AME OF DECEASED LEROY	GREENE		3 3 1 7	1 1/45
FUI	PLACE IN BALTIMORE MARYLAND/WHERE IS LL NAME OF SPITAL OR ADDRESS OR LOCATION) STITUTION THE JOHNS HOPK I	INSTITUTION, GIVE STREET	A. STATE B. COUN MARYLAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER 931 N. BROA	BALT I	IMORE CITY / / / / / / / / / / / / / / / / / / /
5. 51	I MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	II Under 1 Yr. , If Under 24 Hr
P	TALE NEGRO WID	OWED DIVORCED	4.0. 2-1011	ost birthdoy)	Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 10B, Kine during most of working life, even if reffred). STATION OF STATION (Give kind of work 10B, Kine life).	ND OF BUSINESS OR INDUSTRY	14. MOTHER'S MAIDEN NAM	Pend	12. CITIZEN OF WHAT COUNTY
(Yes,	Was Deceased Ever in U. S. Armed Forces?, no or unknown) (If yes, give wor or dates of se	16. SOCIAL SECURITY NO. 337-05-7801 CAUSE OF DEATH	17. INFORMANT	pear	Level
7	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBU	(C)	A CONSEQUENCE OF:		
A	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	IINAL			
声!	19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY! (Yes or No)	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
ENTIFIC					
U	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)	To o bout 21 C. WHERE DID	(If In Soltime	ore City, give exect location)
WEDICAL C	OR CONTRIBUTING TICAUSE OF	home, farm, toctory, street, off	21F. HOW DID INJU		ore City, give exact location)
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21 D. TIME (Month) (Dey) (Year) (Hourd OF INJURY (APPROX.) 22. I certify that (I) (this hospital) atten	home, fam, foctory, street off etc.) 21E INJURY OCCURRED While AI Not While At Work ided the deceased from	21F. HOW DID INJU	RY OCCUR?	3/3/ 19.7/
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (House OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attent that (1) (we) last saw the deceased alive and have and from the causes stated about	both per control of the control of t	21F. HOW DID INJU 2 3 3 13 19 19 and the	RY OCCUR?	3/3/19_7/ Inlon death accurred an the da
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Dey) (Year) (Hourd OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased alive and haur and from the causes stated about 23A. SIGNATURE	home, fam, foctory, street, off elc.) 2 IE INJURY OCCURRED While AI Not While At Work ided the deceased from e on 3 3 ove. (I) (We) (did) (did not) vi	21F. HOW DID INJU 3 / 3 / 3 19 19 / 19 and that lew the bady after death. Med. Spirector P	RY OCCUR?	3/3/19_7/
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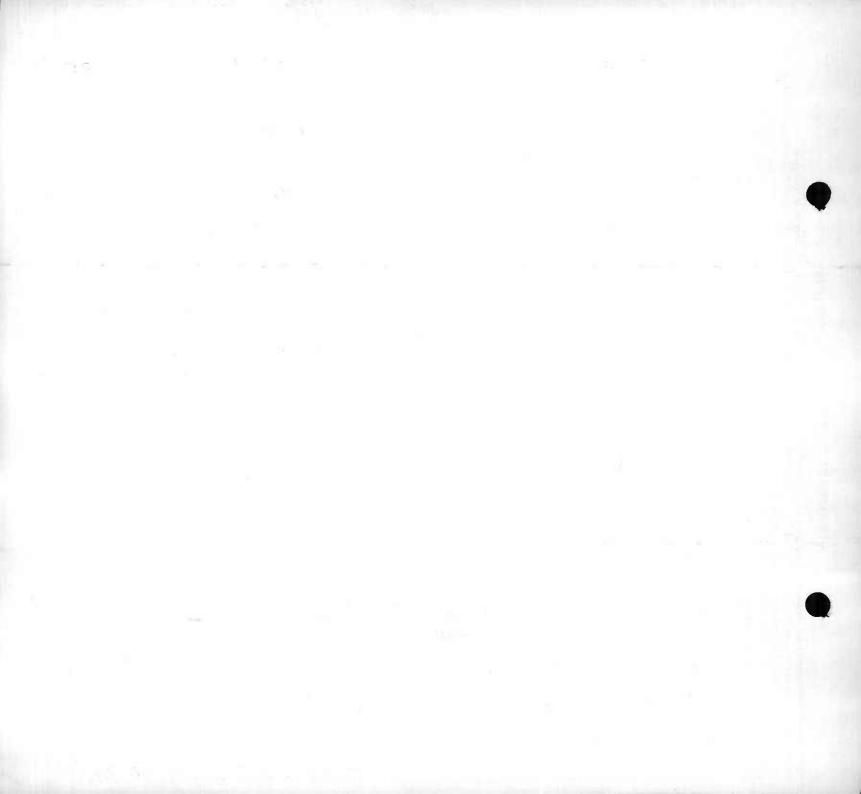


IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



VS 151-REV, 1/1/6B

Mary Land Colors Comment of Survey Second 1977 M. Colbert Constant Gall secret Med 13. H - Back - H

1. N. (Typ	LL NAME OF SPITAL OR STITUTION	Williams TIMORE MARYLAND, W (IF NOT IN HOSPIT ADDRESS OR LOC. The Pines	AL OR INSTITUATION) Belvede	UNCED DEAD	2. DATE AND HE 3/29/7: 4. USUAL RESIDENCE (Where dec A. STATE MARYLAND C. CITY OR TOWN Baltimore	I ceosed lived. If in	ID:25 pm
10		. Belvedere		R	E. STREET AND NUMBER 2823 B. Biddle S		113
5. S		6. RACE		NEVER MARRIED		GE (In years,	If Under 1 Yr. If Under 24 Months Doys Hours Mir
		JPATION (Give kind of world world by the property of the prope	none	BUSINESS OR INDUSTR	United States	ountry)	12. CITIZEN OF WHAT COUN
	FATHER'S NA/		rces?	1 6. SOCIAL	14. MOTHER'S MAIDEN NAME unknown 17. INFORMANT		ADDRESS
(Yes	A D	(If yes, give wor or date	es of service)	SECURITY NO.	annie me Coy 2	1823 €	Beddle D
	(This daes n hearl failure, injury or com	E OR CONDITION DI LEADING TO DEATH al mean the made of asthenia, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if	dying, e.g., the disease, death.)	(8) ©	LUSE Tremies A CONSEQUENCE OF ON WELLOWS S A CONSEQUENCE OF GOS	- Negeli feller again n	t uniff
ĭ.	(This daes in heart failure, injury or com DISEASES (rise to the UNDERLYING) OTHER SIGNIF	LEADING TO DEATH al mean lhe made of asthenia, etc. It means uplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) B CONDITION last. ILLIANT CONDITIONS CO H BUT NOT RELATED TO T	dying, e.g., the disease, death.) ony, giving stoting the	DUE TO, OR AS	We Henopall	- Negeli yeller zin he eip f	t under
CATIC	(This does no heart failure, injury or come of the company of the	LEADING TO DEATH al mean the made of asthenia, etc. It means aplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) B CONDITION last.	dying, e.g., the disease, death.) ony, giving stoting the NTRIBUTING HE TERMINAL RT 1 (A).	(B)(C)	Demogration of Control	- Heller year h cur onl lef f	FINDINGS CONSIDERED USES OF DEATH?
AL CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OF TO THE OF TO THE OF TO THE OF	LEADING TO DEATH al mean the made of asthenia, etc. It means aplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) B CONDITION last. ILLIANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAG OPERATION 198 CON	dying, e.g., the disease, death.) ony, giving stoting the INTRIBUTING HE TERMINAL TI (A). IDITION FOR VERNED	(B) DUE TO, OR AS DUE TO, OR AS OF TO, OR AS	Demogration of Control		FINDINGS CONSIDERED USES OF DEATH?
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William , tworetim Mouse In The Pines Beingdere 2525 W. Belwatere ave. Baltimore , Maryland 22215 female negro white senous 920.. (1900) one loster Melans

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Baltiumore

2023 B. Biddle Street

United States

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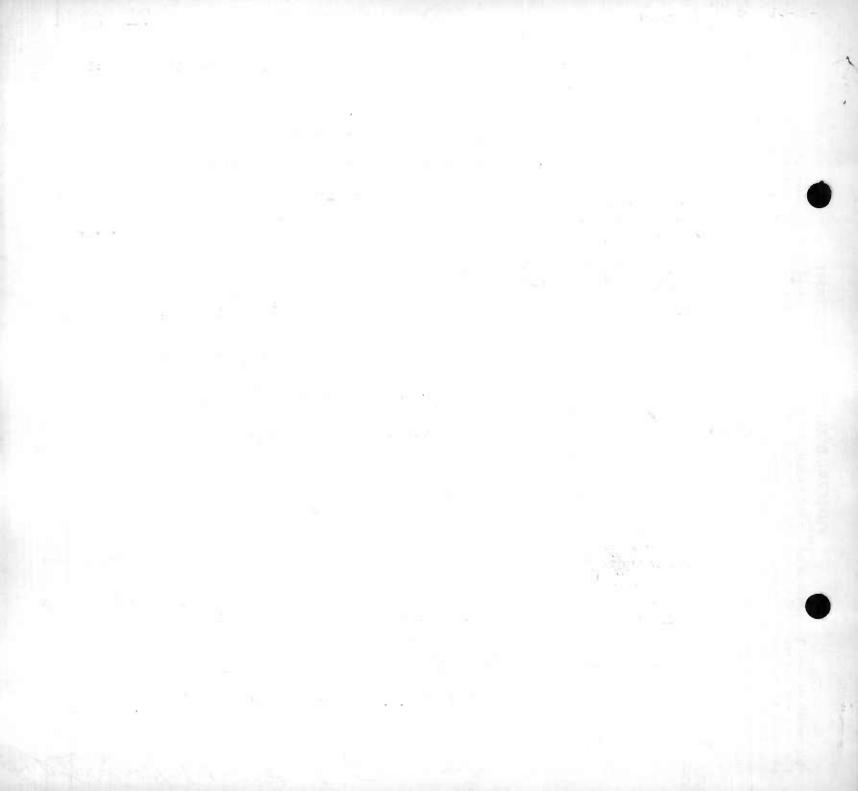
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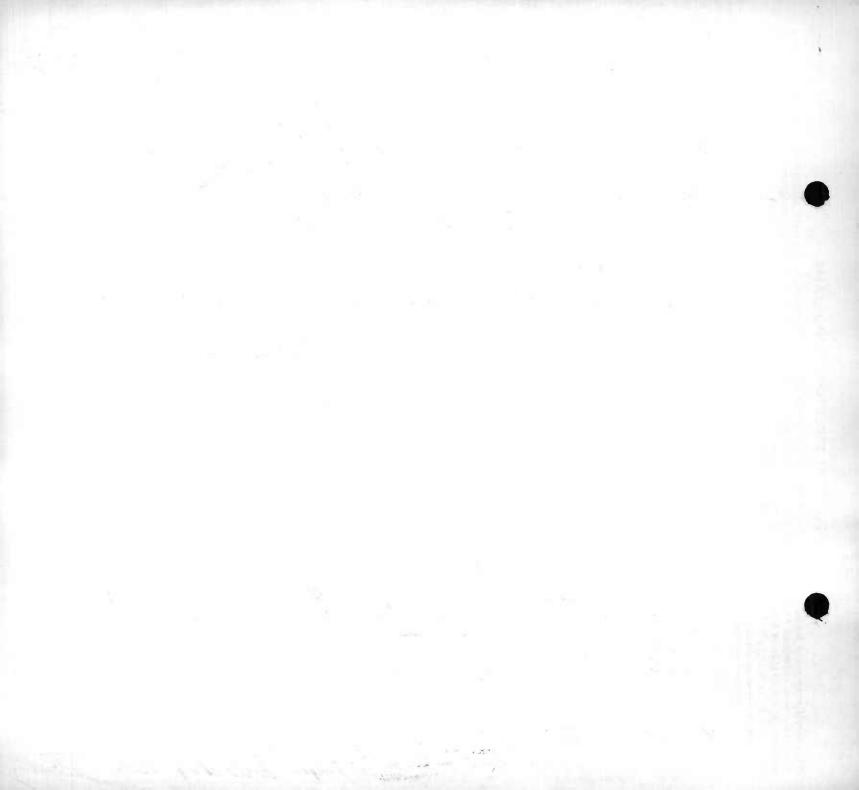
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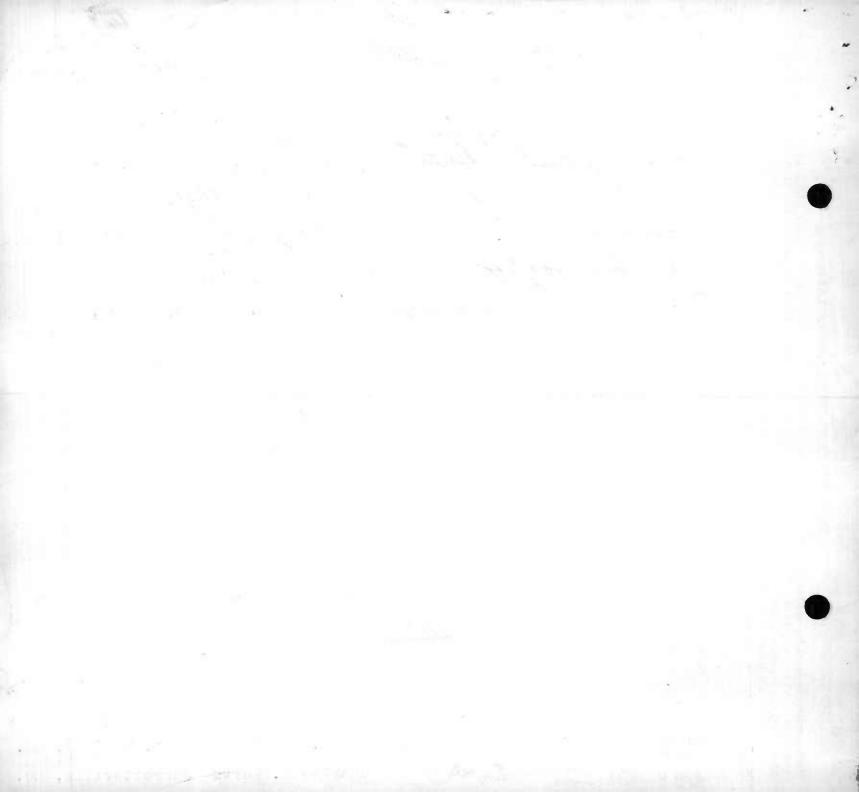


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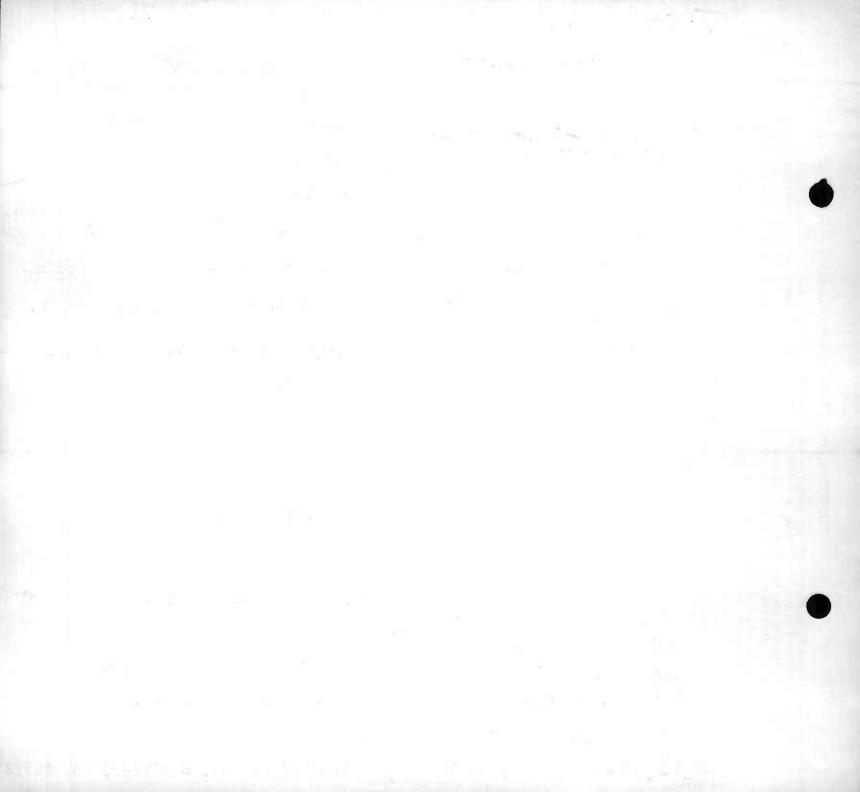
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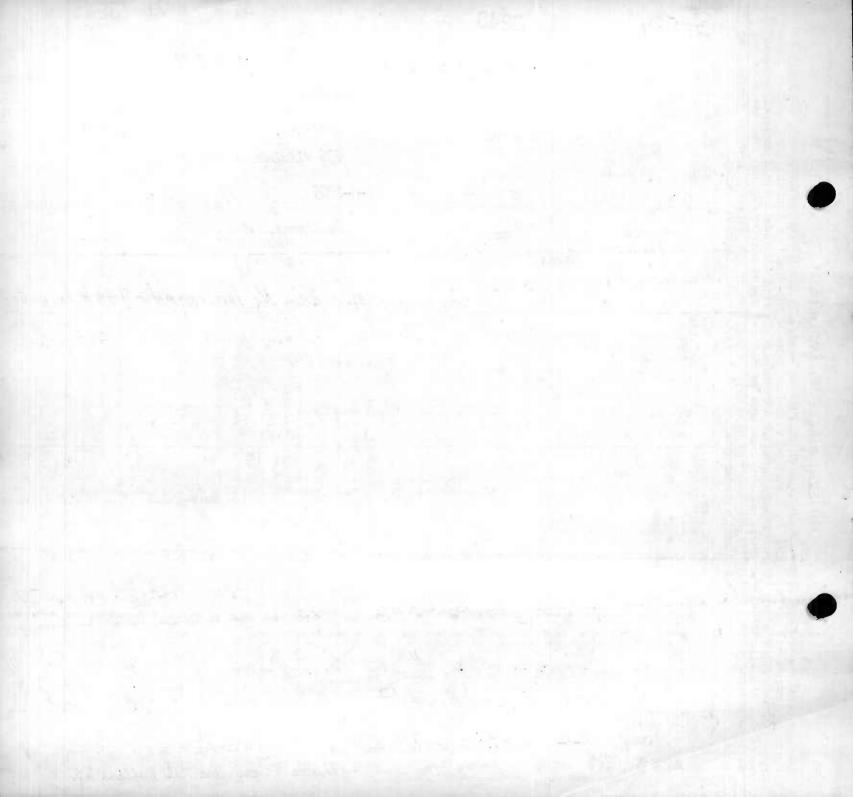


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T- :	5/6 71	324		TE OF DEATH	X REG. NO.	71 324	7
BIRTH NO	OF DECEASED		CERTITICA				
(Type or Pr	int	Tambere	elli		D HOUR OF DEATH	1 12:	15 A
3. PLACE	IN BALTIMORE, MARYLAND,			4. USUAL RESIDENCE (Where	e deceased lived If in		
FULL NA/	OK ADDKE22 OK FOC	TAL OR INSTI	TUTION, GIVE STREET	NJ B. COUN	IY	V-	27
INSTITUTIO			7 1 3	c. CITY OR TOWN Cranford	D. INS	IDE CITY LIMITS?	
000	Public Health Se		HOSPITAL	E. STREET AND NUMBER		YES NO	
dX	3100 Wyman Park	way		23 Greaves I	Place		
5. SEX		WIDOWEL		8. DATE OF SIRTH 1/24/50	P. AGE (In years ast birthday)	If Under 1 Yr. If L Manths Days Haur	Inder 24 Hrs. S Min.
done during	L OCCUPATION (Give kind of war most of working life, even if retired) Student	k 108, KIND C	PF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fareig	gn country)	12. CITIZEN OF WHA	T COUNTRY?
13. FATHER	I'S NAME			14. MOTHER'S MAIDEN NAM	\E		
	Louis Tamb	perelli		Charlotte 1	Perkel		
15. Was De	ceased Ever in U.S. Armed Fonknown) (If yes, give wor or dot	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
	lo	es of service,	157-40-5219	Records- W	PHS Hos	pital, Balto	. Md.
18.	7017		CAUSE OF DEATH				E INTERVAL
	DISEASE OR CONDITION DI LEADING TO DEATH	RECTLY		Oghogania			
(This	does not mean the made of	dying, e.g.	0.410.00.00.10	se Osteogenic sar	coma of Te	ft 14 m	os.
heort	foilure, asthenia, etc. It means at camplication which caused	the disease	, DOE 10, OR AS A	leg, widely me	tastatio		
	ANTECEDENT CAUSES			rog, wracty me	coasta oic	ŀ	
DISEA	SES OR CONDITIONS, if		(B)	A CONSEQUENCE OF:			***********
rise	lo the obove cause (A) RLYING CONDITION last.	sloting the	(c)				
_	11						***************************************
A DISEAS	SIGNIFICANT CONDITIONS CO E DÉATH BUT NOT RELATED TO T E OR CONDITION GIVEN IN PAI	HE TERMINAL	**********************				
19A.DA	TE OF OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) YES	208. IF YES, WERE IN CERTIFYING CAN	FINDINGS CONSIDERED	>
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF Inotify medical examined		B. PLACE OF INJURY (e.g., in me, form, foctory, street, off J	or obout 21 C. WHERE DID	(If In Baltimor	e Cily, give exact locatio	n)
DEATH OF INJ	ME (Month) (Doy) (Year)	(Haur) 218	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
IAPPRO			hile At Work Not While At Work				
22. 1 c	ertify that (1)/(this hospita) attended t		Mar. 15	71 to Apr.	1	19 71
	(we) Jest sow the decease					nion death occurred	on the date
	ur and from the causes sta	/		ew the bady after death.	, 4-4, 4-2, spri		and the sold
	NATURE	1/2		,		23 B. DATE SIGNED	
	Ineles M	UL	Atten	ding Med. S	toff hys.	4/1/71	
Fre	YSICIAMS ME (Type) ederick W. Bauer,	MD	2	3D. ADDRESS	tal, Balto,	Md.	
	L CREMATION, 24B. DATE		AME of CEMETERY OF CREA			y, town, ar caunty)	(Stote)
R	emoval 4/5/7	1 Hol	llywood Memo	rial Park Uni		New Je	
APR	2 1971 Tables	ASB. TANGE	OF NEGHTRAR	Robert Harfor	tenburg E	Funera100H8	me, In
/S 150-PEV		-	, ,	1			



6				BALTIMORE CITY		DEC NO	00 20
0	-524	71	3248	CERTIFICA	TE OF DEATH	REG. NO	
	ME OF DECE	Bertha L	Schanh	. lbara		and hour of deal	тн
3. PI	ACE IN BALT	IMORE MARYLAND, W			TA USUAL RESIDENCE (V	Vhere deceased lived. H	f institution: residence before odmiss
FUL	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA			Maryland	אוועס	2582
NST	TUTION				C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?
0	0	938 Wilming	ton Ave		Baltimore, E. STREET AND NUMBER		YES NO NO
					938 Wilmington Ave 21223		
· SE	enale.	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. II Under 24 I Manths Days Hours Min
		PATION (Give kind of work vorking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUN
	Housemit		Home		Baltimore,	Md	
	ATHER'S NAM		nane		14. MOTHER'S MAIDEN		
	?	Gross					
		Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT	11 nl	ADDRESS
	no	no		216 58 2165	MRS ESTER	e Wewman	3N- 178 WILMING
Ţ	IB>	77 W		CAUSE OF DEAT		11000	APPROXIMATE INTERVA
	7	E OR CONDITION DI	RECTIV	D	2	Commo	BETWEEN ONSET AND DE
		LEADING TO DEATH	RECIEI	fari	an sousm	- ferrice	- STycan
	(This does no	ol mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF		
	(This does not mean the mode of dying, e.g., DUETO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. 11 means the disease,						
		plication which caused	l death.)				
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	DISEASES O	plication which coused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.	death.) any, giving sloling the	(B)			
ATION	DISEASES O rise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO	plication which coused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) is CONDITION last. ILLICANT CONDITIONS CO H BUT NOT RELATED TO TO DONDITION GIVEN IN PAR	any, giving sloling the ONTRIBUTING THE TERMINAL RT 1 (A).	(B)	A CONSEQUENCE OF:	Noil 20R In vic we	DE SINDING CONSIDERD
ATION	DISEASES O rise to the UNDERLYING OTHER SIGNIFI	plication which coused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) is CONDITION last. ILLICANT CONDITIONS CO H BUT NOT RELATED TO TO DONDITION GIVEN IN PAR	any, giving sloling the SNTRIBUTING HE TERMINAL RT. (A).	(B)		r No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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MEDICAL CERTIFICATION	DISEASES OO TISE IO THE DEATH OF THE DEATH O	ROUDITIONS, if obove cause (A) CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COMBUT NOT RELATED TO TOON TOON OF THE CONDITION GIVEN IN PAR OPERATION 19B. CONDITION GIVEN IN PAR OPERATION GIVEN GI	ony, giving sloling the STRIBUTING THE TERMINAL RT 1 (A). SIDITION FOR WIFORMED 218, ham, etc.) (Haur) 21E.	(B)	20A. AUTOPSY? (Yes on In or about 21C. WHERE DIE ffice bidg., INJURY OCCUR	(If in Bolter	
MEDICAL CERTIFICATION	DISEASES O orise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)	Plication which coused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COMBUT NOT RELATED TO TONDITION GIVEN IN PART OPERATION 198. CONWAS PER IT WAS UNDERLYING TING CAUSE OF medical exominer) (Month) (Day) (Year)	any, giving sloling the sloling the sloling the sloling the sloling the sloling the terminal right (A). (Haur) 21E. Whill Work	(B)	20A. AUTOPSY? (Yes on In or about 21C. WHERE DIE ffice bidg., INJURY OCCUR	O (If in Boltin	
MEDICAL CERTIFICATION	DISEASES O orise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)	Plication which coused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COMBUT NOT RELATED TO TONDITION GIVEN IN PART OPERATION 198. CONWAS PER IT WAS UNDERLYING TING CAUSE OF medical exominer) (Month) (Day) (Year)	any, giving sloling the sloling the sloling the sloling the sloling the sloling the terminal right (A). (Haur) 21E. Whill Work	(B)	20A. AUTOPSY? (Yes an in or about 21C. WHERE DIE ffice bldg., INJURY OCCUR	INJURY OCCUR?	more City, give exoct locotion) HALL 18 19 2
MEDICAL CERTIFICATION	DISEASES OF OFFICE OF THE DEATH OF THE DEATH OFFICE	IT WAS UNDERLYING TING CAUSE OF medical exominer) (Month) (Day) (Year)	any, giving sloling the slower t	(B)	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID fisce bidg., INJURY OCCUR	INJURY OCCUR?	more City, give exoct location)
MEDICAL CERTIFICATION	DISEASES OF OFFICE OF THE DEATH OF THE DEATH OFFICE	Plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COMBUT NOT RELATED TO TONDITION GIVEN IN PART OPERATION TO CAUSE OF medical exomines) (Month) (Day) (Year) that (I) (this haspital last sow the deceased from the causes sta	any, giving sloling the slower t	(B)	20A. AUTOPSY? (Yes an in or about 21C. WHERE DIE ffice bldg., INJURY OCCUR	INJURY OCCUR?	March 18 19 2
MEDICAL CERTIFICATION	DISEASES OF OFFICE OF THE DEATH OF THE DEATH OFFICE	Plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COMBUT NOT RELATED TO TONDITION GIVEN IN PART OPERATION TO CAUSE OF medical exomines) (Month) (Day) (Year) that (I) (this haspital last sow the deceased from the causes sta	any, giving sloling the slower t	(B)	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID ffice bldg., INJURY OCCUR 21F. HOW DID 19 21 and riew the bady after dea	INJURY OCCUR? 1968 ta 7	more City, give exoct locotion) HALL 18 19 2
MEDICAL CERTIFICATION	DISEASES OF OFFICE OF THE DEATH OF THE DEATH OFFICE	Plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COMBUT NOT RELATED TO TONDITION GIVEN IN PART OPERATION TO CAUSE OF medical exomines) (Month) (Day) (Year) that (I) (this haspital last sow the deceased from the causes sta	any, giving sloling the slolin	(B)	20A. AUTOPSY? (Yes and in or about 21C. WHERE DIE ffice bidg., INJURY OCCUR 21F. HOW DID 21F. HOW die conding Med.	INJURY OCCUR?	March 18 19 2
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19.A. DATE OF CONTRIBUDEATH (notify (APPROX.) 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and have and contained the contained that (I) (we)	Plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITION S CONDITIONS CONDITION GIVEN IN PAROPERATION 198. CONWAS PER IT WAS UNDERLYING TING CAUSE OF medical exominer) (Month) (Day) (Year) that (I) (this haspital last sow the decease from the causes stare.	any, giving sloling the slolin	(B)	20A. AUTOPSY? (Yes and in or about 21C. WHERE DIE ffice bidg., INJURY OCCUR 21F. HOW DID 21F. HOW die conding Med.	INJURY OCCUR? 1968 ta 7 1 that in (my) (aur) a	March 18 19 2
MEDICAL CERTIFICATION	DISEASES OO orise to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR COLOR OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and was a signature of the contribute of	Plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITION S CONDITIONS CONDITION GIVEN IN PAROPERATION 198. CONWAS PER IT WAS UNDERLYING TING CAUSE OF medical exominer) (Month) (Day) (Year) that (I) (this haspital last sow the decease from the causes stare.	any, giving sloling the slolin	(B)	20A, AUTOPSY? (Yes an about 21C. WHERE DIE ffice bidg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 21F. How die dea	INJURY OCCUR? 1968 ta 7 1 that in (my) (aur) a	March 18 19 2
MEDICAL CERTIFICATION	DISEASES OF OF INDUSTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU (AME IT)	Plicotion which coused INTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTICIPATION TO THE CONDITION GIVEN IN PARTICIPATION (Month) (Day) (Year) That (I) (this haspital last sow the decease of from the causes stars)	any, giving sloling the slowest the slowes	(B) DUE TO, OR AS DUE TO, OR AS (C) COMMENT OF INJURY (e.g., a farm, factory, street, a linjury occurred At Work At Work (Me) (did) (did not) DEGREE Phy	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID ffice bldg, INJURY OCCUR 21F. HOW DID 19 and riew the bady after dearending Med. Director 23D. ADDRESS	INJURY OCCUR? 1968 ta 7 1 that in (my) (aur) of the	more City, give exoct locotlon) War A 18 19 2 apinian death accurred an the accurred A 18 1/4 March 31, 14
MEDICAL CERTIFICATION	DISEASES OO rise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19 A. DATE OF 21 A. ACCIDEN OR CONTRIBU DEATH (notify 22 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23 A. SIGNATU NAME IT, BURIAL CREA	Policotion which coused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITION S COMBUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION TO CAUSE OF medical exominer) (Month) (Day) (Year) That (I) (this haspital last sow the decease of from the causes standard of the cause standard of the causes standard of the causes standard of the cause standard of	any, giving sloling the slolin	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID ffice bldg, INJURY OCCUR 21F. HOW DID 19 and riew the bady after dearending Med. Director 23D. ADDRESS	INJURY OCCUR? 1968 ta 7 1 that in (my) (aur) a	March 18 19 2
MEDICAL CERTIFICATION	DISEASES OO orise to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO 19 A. DATE OF 21 A. ACCIDEN OR CONTRIBU DEATH (notify 22 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23 A. SIGNATU BURIAL CREA REMOVAL (S	Plicotion which coused INTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COMBUT NOT RELATED TO TOON INTERPRETATION OPERATION IN PAR OPERATION (AND IN PAR OPERATION) (AND IN CAUSE OF medical exominer) (Month) (Day) (Year) That (I) (this haspital last sow the decease of from the causes state of the cause o	any, giving sloling the slowest the slowes	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or in or about 21C. WHERE DIE ffice bidg., INJURY OCCUR 21F. HOW DID 21F. HOW	INJURY OCCUR? 1968 to 7 1 that in (my) (aur) of the Shaff D. LOCATION	more City, give exoct locotlon) War A 18 19 2 apinian death accurred an the accurred A 18 1/4 March 31, 14
MEDICAL CERTIFICATION	DISEASES OF OF INDERLYING OTHER SIGNIFITO THE DEATH OF INDERLYING OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU NAME IT, IN INTERLY (APPROX.) BURIAL CREMOVAL (S. BURIAL (S. BURIAL (S. BURIAL (S. BURIAL (S. BURIAL (S. BURIAL	Policotion which coused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COMBUT NOT RELATED TO TOWN TOWN TOWN TOWN TOWN THE CONDITION GIVEN IN PAR OPERATION (Month) (Day) (Year) That (I) (this haspital last sow the decease from the causes state of the causes o	any, giving sloling the terminal rate of the terminal rate of the ed alive an slot of the slower s	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or in or about 21C. WHERE DIE ffice bidg., INJURY OCCUR 21F. HOW DID 21F. HOW	INJURY OCCUR? 1968 to 7 1 that in (my) (aur) of the Shaff D. LOCATION	more City, give exoct locotlon) War A 18 19 2 apinian death accurred an the accurred A 18 1/4 March 31, 14
MEDICAL CERTIFICATION	DISEASES OO orise to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO 19 A. DATE OF 21 A. ACCIDEN OR CONTRIBU DEATH (notify 22 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23 A. SIGNATU BURIAL CREA REMOVAL (S	Policotion which coused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COMBUT NOT RELATED TO TOWN TOWN TOWN TOWN TOWN THE CONDITION GIVEN IN PAR OPERATION (Month) (Day) (Year) That (I) (this haspital last sow the decease from the causes state of the causes o	any, giving sloling the slowest the slowes	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes of in or about 21C. WHERE DID fice bidg., INJURY OCCUR 21F. HOW DID 22D. ADDRESS EMATOR 24E	INJURY OCCUR? 1968 to 7 1 that in (my) (aur) of the Shaff D. LOCATION	more City, give exoct locotion) March 18 19 2 apinian death accurred an the accurred and



=	BALTIMORE CIT	Y HEALTH DEPARTMENT X 71 3249					
1	71 3249 CERTIFICA	ATE OF DEATH REG. NO.					
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
(Ту	pe or Paul HARRYL. THOMPSON SI						
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution residence before admission) A. STATE B. COUNTY					
Ho	ILL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSIDE CITY LIMITS?					
18	YANYLAND GENERAL HOSPITAL	E. STREET AND NUMBER					
		1611 Four GEORGES COURT - Apt A-4					
5. 5	TATE CAUCASIAN WIDOWED DIVORCED	8. DATE OF BIRTH 11-28-19 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.					
don	N. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY te during most of working life, even if retired)	/, , ,					
	WELLER	UIRGINIA United States					
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	LOWELL E. THOMPSON	KUTH BRUCE					
15. (Ye:	Was Deceased Ever In U. S. Armed Forces? s,ng or unknown) (If yes, give wor or dales of service) SECURITY NO.	17. INFORMANT ADDRESS A H					
	YES WWIL 425-12-9163	MAKARET DALE THOMPSON (WIFE)					
	18. 4/0 9 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	use Candia arrest					
	(A) IMMEDIATE CAI This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.] (A) IMMEDIATE CAI DUE TO, OR AS	A CONSEQUENCE OF:					
	ANTECEDENT CAUSES	Torrenter Stiller time Ih.					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:					
	rise to the abave cause (Al sloting the UNDERLYING CONDITION last. (C) A Cur	te Myoundist Infartin 3h.					
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	27					
CATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Merios Wall infaritors					
RTIF	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
MEDICAL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, farm, foctory, street, of the place of the p	in or about 21 C. WHERE DID (If in Solitmore City, give exact location) ffice bidg., INJURY OCCUR?					
AEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?					
~	(APPROX.I While At Wark At Wark						
	22. I certify that (1) (this hospital) attended the deceased from	3/2/ 19/2/ 10 3/3/ 19/2/					
	that (1) (we) last sow the deceased alive an 3/19/7/ ond that in(my) (aur) apinion deoth accurred on the date						
	ond haur and fram the causes stated obave. (1) (We) (did) (did not) view the bady after deoth.						
	23A. SIGNATURE	anding Med. Stoff 2					
	DEGREE Phy	s. Director Phys. L9					
	NAME (Type)	23D. ADDRESS					
24A	DEGREE BURIAL CREMATION, 24B. DATE / 24C, NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stole)					
J	REMOVAL (Specify)						
25A		25C. FUNERAL DIRECTOR ADDRESS					
	APR 5 1971 Robert E. Farber, M.D.	W. Broke Bedley 1 Ridogs, Ma					
VS	150-REV. 1/1/68						



VS 151-REV. 7/1/68

Thon

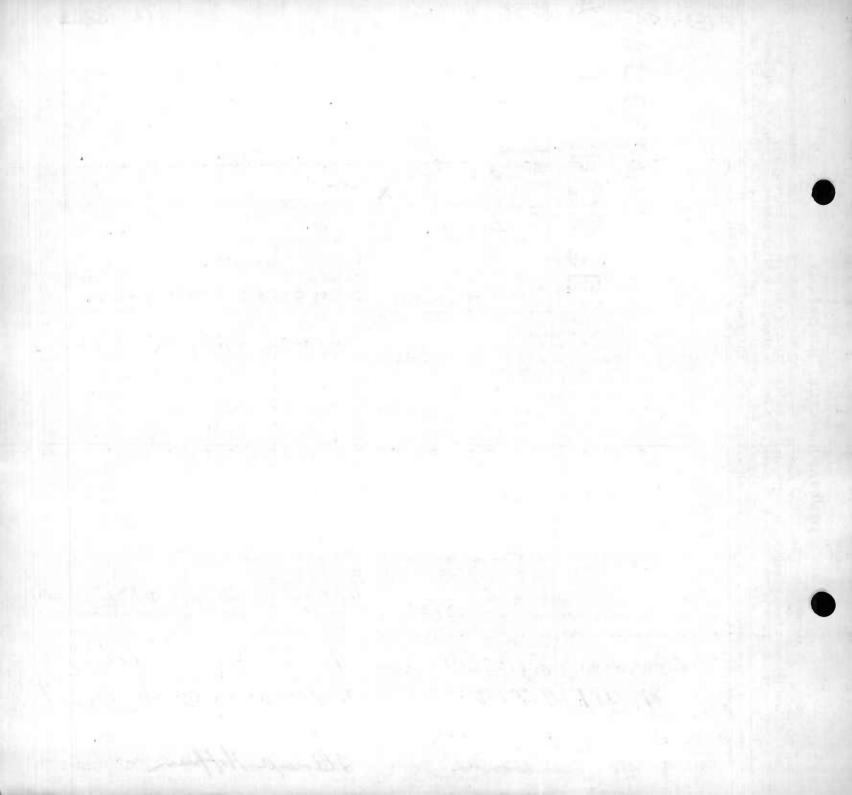
Glen Burnie, Md.

and sociations . The COURSE E. CONTROL TO SECURE OF THE CONTROL OF THE C tion in with a local particle of the state o

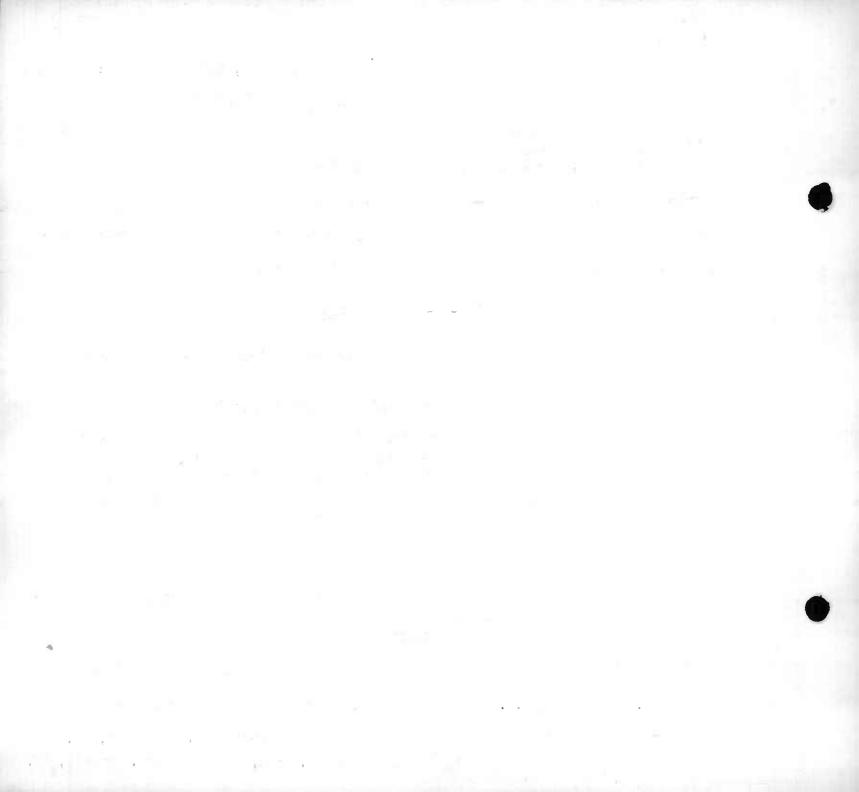
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.SA ADDRESS Charles Cybulski 3320 O'Donnell St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in (my) (our) apinion death accurred an the date 1/224 Md. ADDRESS 218 Hudson St



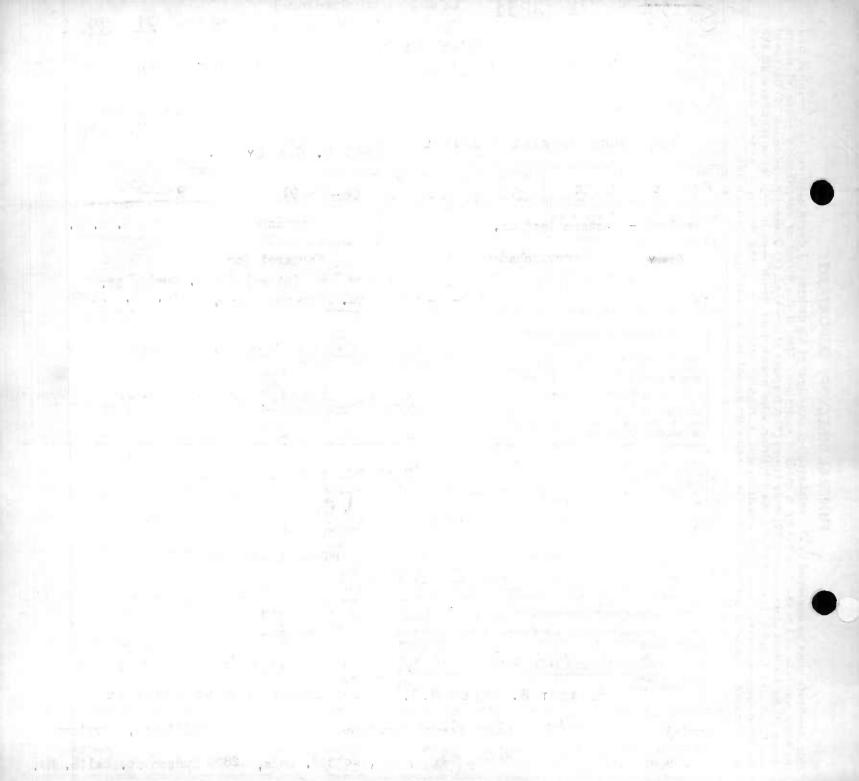
V=260 71 0	ONO 1	Y HEALTH DEPARTMENT	71 3252
V-260 71 3	232 CERTIFICA	TE OF DEATH X REG. NO	71 3252
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	1
Ella Jane Yaugh	er	April 1, 1971	1:20 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i	institution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATIONI	INSTITUTION, GIVE STREET	Maryland Baltimore c. CITY OR TOWN Dundalk D. IN:	SIDE CITY LIMITS?
Harbor View Nursi	ng Center	Baltimore	YES NO TO
70 1213 Light Street		E. STREET AND NUMBER	
Baltimore, Maryla	nd 21230	7523 Lawrence Road	
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female White WID	OWED DIVORCED	10/20/1881 86	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, Ki	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Panners I read a	W. Shank Charles
13. FATHER'S NAME		Pennsylvania	United States
John County			
John Coughanour	11.6 50.6141	Annie McLvane	
5. Was Deceased Ever in U. S. Armed Forces? Yas, no or unknown! Uf yes, give wor or dates of so	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	178-07-1598	Chart	
18.437,014-15=	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	70		BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the made of dying,	(A) IMMEDIATE CAL	se Cerebrovascular Ischemia	Days
heart loilure, asthenia, etc. It means the di	sease, DUE TO, OR AS	A CONSEQUENCE OF:	19000000000000000000000000000000000000
injury or camplication which caused death.)		
ANTECEDENT CAUSES	(m) General	ized Arteriosclerosis	Years
DISEASES OR CONDITIONS, il any, rise to the above cause (A) stating	giving DUE TO, OR AS	ized Arteriosclerosis A consequence of:	
UNDERLYING CONDITION last	(c) Hyperte	msion	Years
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBU		Brain Syndrome, Aphakia,	
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	unal Carcino	ma of Colon, "Kidney Tumor	It
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION WAS PERFORMEN 21A. A CCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	NO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING TICALIST OF	218. PLACE OF INJURY (e.g., I	n or obout 21 C. WHERE DID (If in Boltimo	ire City, give exect location)
E IDEATH (notify modical avenies)	home, form, foctory, street, of	INCO DIOGO INJURY OCCUR!	
21D-TIME (Month) (Doyl (Yeor) (House	21& INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While	• 🗖	
	TYOK - XI TYOK		
22. I certify that (1) (this hospital) atter	ded the deceased from NOV	rember 12 19 69 10 Apri	1971
that (1) (we) last saw the deceased ally	on April 1	1971and that In(my) (our) opl	inian death accurred an the date
and hour and from the causes stated abo	ve. (I) (We) (did) (加心部) v	lew the body after death.	
23A. SIGNATURE			23 B, DATE SIGNED
Peter H Rheinstein.	MAD DEGREE Phys	nding Med. Staff Phys. &	April 1, 1971
23C-PHYSICIAMS NAME (Typol		23D. ADDRESS	1-1
Peter H. Rheinstein, M.	D.	1111 Park Avenue, Baltimor	a Mamrland 21201
4A. BURIAL CREMATION, 24B. DATE	AC. NAME of CEMETERY OF CRE		
Removal Specifyl Removal Burial 4/5/71	Oak Lawn Cemeter		
APR 5 1971 Pole &	Table M.D.	John J. Duda, 7922 Wise	Ave. Dundalk Md.
/S 150-REV. 1/1/68			



VS 151-REV, 1/1/68

Paragraphical of engine tank . I where The state of the s

310 71 3254 BALTIMORE	E CITY HEALTH DEPARTMENT
	ICATE OF DEATH REG. NO. 71 3254
NAME OF DECEASED LILIAN SCHADER LILIAN SCHADER	ader 2. Date and Hour of Death 3 MARCH 1971 925 PM.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND D. INSIDE COY LIMITS?
22	BALT MORE D. INSIDE CON LIMITS?
THE JOHNS HOPKINS HOSPITAL	635 S. CURLEY ST.
FEMALE WHITE WIDOWED DIVORCES	liest bitinday) Wanting Doys Hours
DALUSUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDicate of working life, even if refired) Retired — Western Coat Co.	Maryland U. S. A.
FATHER'S NAME Henry Schader	14 MOTHER'S MAIDEN NAME Margaret Con
Wee Decessed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 215-01-298	
18. ZZ / A Y 1 CAUSE OF	DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
ICADNIC TO OFACIA	WE CAUSE CARDIAC RESPIRATORY APREST 3 HOURS
This does not mean the mode of dying, e.g.,	OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease.	ON NO N GOTTOE GIT
injury or complication which caused death.)	
ANTECEDENT CAUSES	ON AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving DUE TO,	OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the	
UNDERLYING CONDITION lost (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	halle Kul
	lone known
	120A MITOPSTE (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OFERATION WAS PERFORMED	20A AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	- V (2)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY DR CONTRIBUTING CAUSE OF home, jorn, foctory, str	Y (e.g., in or obabil21C, WHERE DID (If In Boltimore City, give exact location) reet, office bldg, INJURY OCCUR?
DEATH (notify medical examined etc.)	
210-TIME IMonth) (Doy) (Year) (Hour 21E INJURY OCCURRE	ED 216 HOW DID INJURY OCCUR?
	of While
(APPROX.) Work At	Work L
22. I certify that (I) (this haspital) attended the deceased from	3-31 197/ to 3-31 197/
that (1) (we) last sow the deceased alive an 3-31	19 71 and that in (my) (aur) apinion death occurred on the date
and hour and from the causes stated above. (I) (We) (did) (did	not) view the body after death.
23A. SIGNATURE	23R DATE SIGNED
Wesbest B. allen M.S.	Attending Med. Stoff A 3-31-7/
DEGRE	EE .
HERBERT B. ALLEN M.D.	
4A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY	OF CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
SA. DATE REC'D BY HEALTH DEPT. 1258 NAME OF REGISTER .	25C. FUNERAL DIRECTOR ADDRESS
APR 5 19/1 Valent E. Valent Tolley	John J. Duda, 2829 Hudson St. Balto. Md.



		171	0.0	BALTIMORE CITY	HEALTH DEPA	ARTMENT			
	-/60 TH NO.	71	3255	CERTIFICA			REG. NO.	7/1	3255
1. P (Ty	Pe or Print)	RED H.	SHA	Fred H. Shi	ver	2. DATE AND	HOUN OF DEATH	1	645 M
FO	PLACE IN SALTIMORE THE NAME OF THE STATE OF AD	MARYLAND, WHEN	OR INSTITUTIO	(N11141)	A. STATE	1. B. GOUNT	decessed lived. If in Y Baltimore Ws Polipt INSI		5300.
3		GENERA General Hos		40 SPITAL	E. STREET AN	ALNO D NUMBER 3	ST. A.	YES	ио 🗂
5.	Male 6. RACE	/hite	MARRIED A	DIVORCED	7/2/	09	ost birthdoyl	Il Under 1 Ye Months Doys	Hours Min.
		(Give kind of work 10B fe, even if refired) WORKER	Beth. St - Milly	siness or industry cool Co. vright	11. BIRTHPLAC	West y	rginia		OF WHAT COUNTRY?
13.	Luther C.	Shaver			14. MOTHER'S		Shaver Benn	ett	
15. (Ye	Wos Deceased Ever in s, no of unknown) (If yes, No	U. S. Armed Forces? give wor ar dotes of	service) 16.	social security no. 34-03-0770	Mrs. Et	T (Wife	/ - /	-	oint, Md.
		ONDITION DIRECTOR OF THE CONTRACTOR OF T	TLY	CAUSE OF DEATH	Fug	TONAR	y EDEM		ROXIMATE INTERVAL EN ONSET AND DEATH
	(This does not mean heart failure, asthenia injury or complication	, etc. It means the which coused dec	diseose,	(A) IMMEDIATE CAU	CONSEQUENC	E OF: CLE RA	ne wer	27	
		DENT CAUSES		(B)			DUSZAS	3	
	DISEASES OR CON rise to the obove UNDERLYING COND	couse (A) slo		(C)	A CONSEQUEN	CE OF:			
ATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITIO	OT RELATED TO THE T	ERMINAL	***************************************					VAV
CERTIFIC.	19A-DATE OF OPERAT		ON FOR WHI	CH OPERATION	20A. AUTOP	SY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	ISIDERED H? 155
CAL	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF examined	218. PLA home, f	CE OF INJURY (e.g., in orm, foctory, street, off	or obout 21 C. y	HERE DID	(If In Bollimor	e City, give exec	
MEDI	OF INJURY (APPROX.)	(Doy) (Yeor) (H	While A	Not While		JENI DID WO	IRY OCCUR?	,	
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	ond hour and from the			7			Tin(my) (our) opi	nion deoth oc	curred on the dote
	23A. SIGNATURE	N. Ma	vrid	of De A	nding A		Shaff Phys.	23B, DATE SIG	NED /71
	23C-PHYSICIAN'S NAME (Type)	a.N.M.	TAVR	DEGREE	3D. ADDRESS	Md,	GEN ?	A POP	
24/	A. SURIAL CREMATION, REMOVAL (Specify) Burial	4/3/71		ens of Fait	h Cemete	ry	Balt	iy, town, or cou Limore, 1	aryland
25/	APR 5	TO A B	NAME OF R	The state of the s	John J	al pirector Duda,	7922 Wise A	lve. Dun	poress dalk, Md.
"VS	150-REV. 1/1/6B		1 100						

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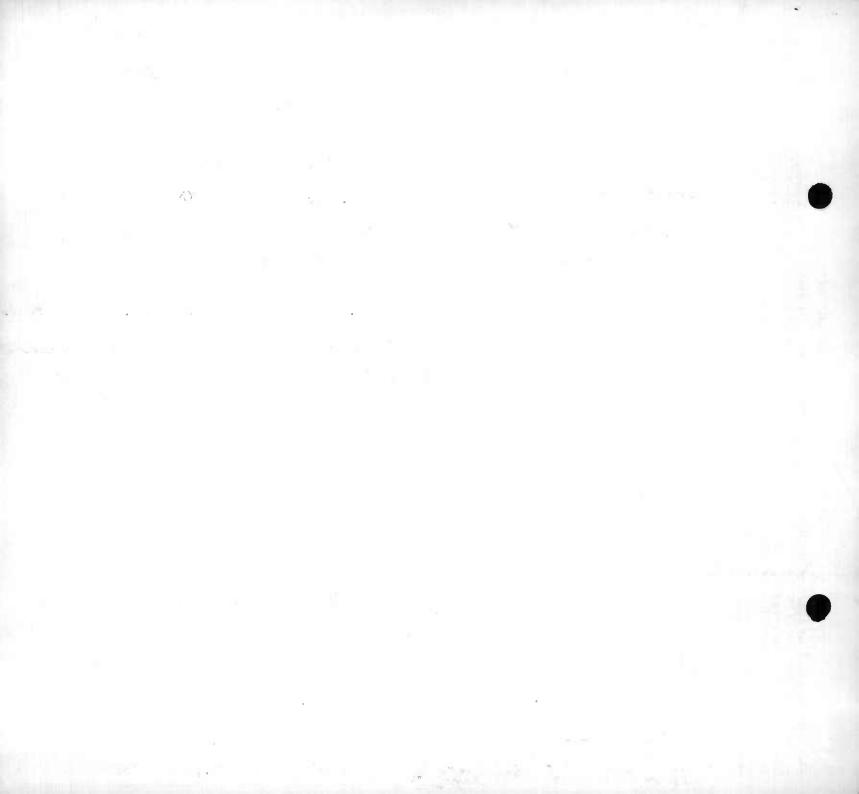
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FUNERAL DIRECTOR: IMPORTANT



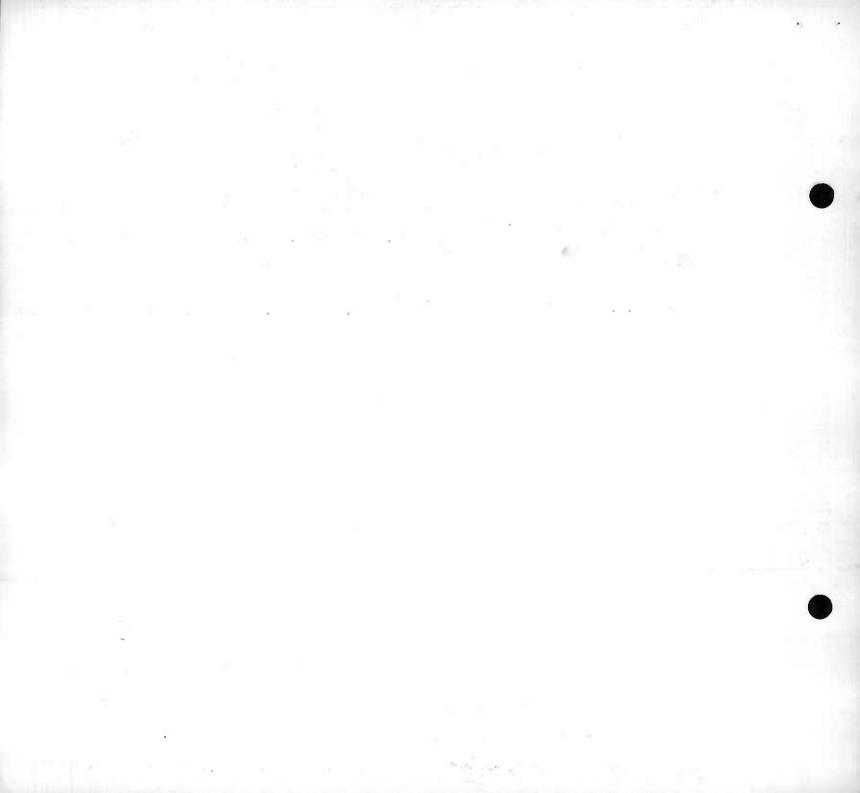
FUNERAL DIRECTOR:

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	BELVEDI	ERE NU	RSING H	OME			0.011		ODE	D. IF	ISIDE CITY YES	_	
9	0			.0112			BALTIMORE YES NO STREET AND NUMBER 3935 CLARKS LANE						NO [
5. SE	X	6. RACE		7- MARE	RED	NEVER MARRIED	8. DAT	E OF BIRTH		9. AGE (In years	If Une	ler 1 Y	fr. , 11 Under 24 His
	FEMALE	WHI		WIDO	VED 5	DIVORCED	DEC	25, 18	95	10st birthdoy	Month	Doy	fr. Il Under 24 His Hours Min.
done	during most of v HOUSEW	vorking life, e	re kind of work ren if retired)		D OF HON	BUSINESS OR INDUSTRY	RUSS	THPLACE (Stote	or lore	gn country)		TIZEN USA	OF WHAT COUNTR
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01	nd hour ond	from the c	auses state	ed obove	. (1)	(did) (didनाठा) vl	ew the	bady after d	eath.				
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23	C. PHYSICIAN	rs	over	<u> </u>	111	DEGREE Phys.	3D. ADD	Director	ا لــا	Staff Phys		<i>y</i> -	31-71
11	NAME (Typ	Bl	ERNAD J	. COI	IEN			01 ST. P	AUL	STREET			
4A. E	BURIAL CREM	ATION, 24	DATE	240	. NAA	AE of CEMETERY OF CRE	MATORY		24D. LO	CATION (C	ity, town,	or cour	nty) (State)
	BURIAL		4-1-71	JI	EHUI	DA AMACHBY LO	DGE		ROSE	EDALE, MARY	LAND		
25A. [ADD 5	1071	DEPT.			REGISTRAR		FUNERAL DIR	ECTOR				DDRESS RSTOWN ROAL
/S 15	0-REV. 1/1/6		Variation, and			- M20			- /				



FUNERAL DIRECTOR:

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Work At Work 22. I certify that (I) (this haspital) attended the deceased fram 3-8 1971 ta 3-30 1971 that (I) (we) lost saw the deceased alive an 3-30 1971 and that In (my) (our) opinion death occurred an the date and haur and fram the causes stated above. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) Attending Med. Director Phys. 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24D. LOCATION (City, town, of county) BURIAL XXX4-1-71 BALTIMORE, HEBREW 25A. DATE REC'D RYMHEAUTH DEET 25B NAME OF OFFICERAL		21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	
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24A. BURIAL CEMETION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) (State) BURIAL XXX4-1-71 BALTIMORE, HEBREW REISTERSTOWN, MARYLAND	į	Michael A. Silverman MD	Maxuland Coneral Hospital
25A. DATE REC'D RESHEALTH DEPT 1558 NAME OF RECISTORS		REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF CRES	totale)
SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD			25C. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

6:10

NO

Hours

APPROXIMATE INTERVAL

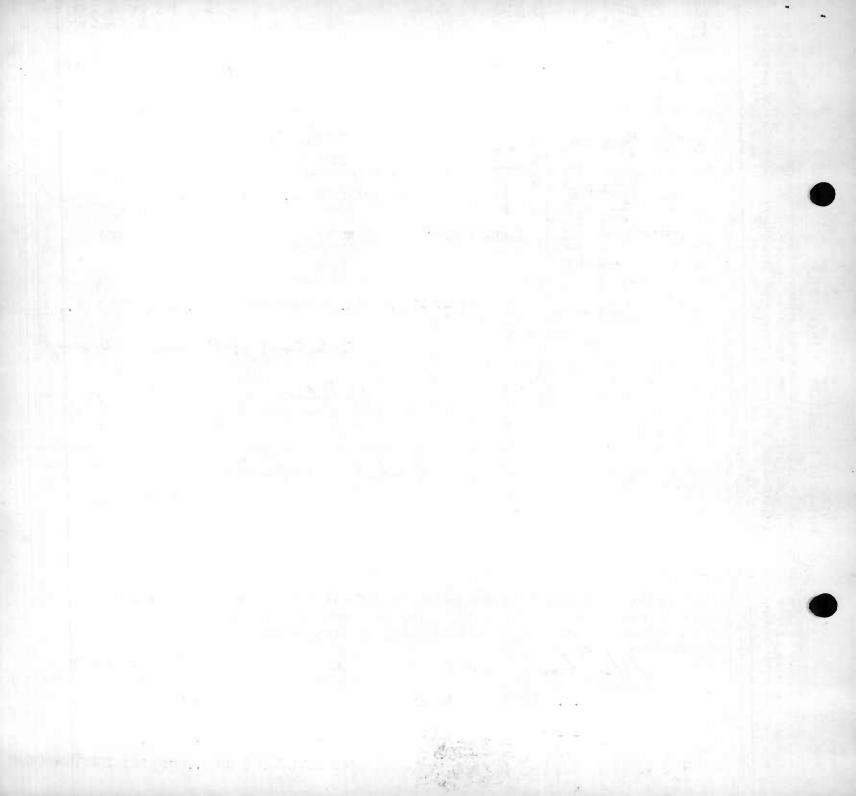
BETWEEN ONSET AND DEATH

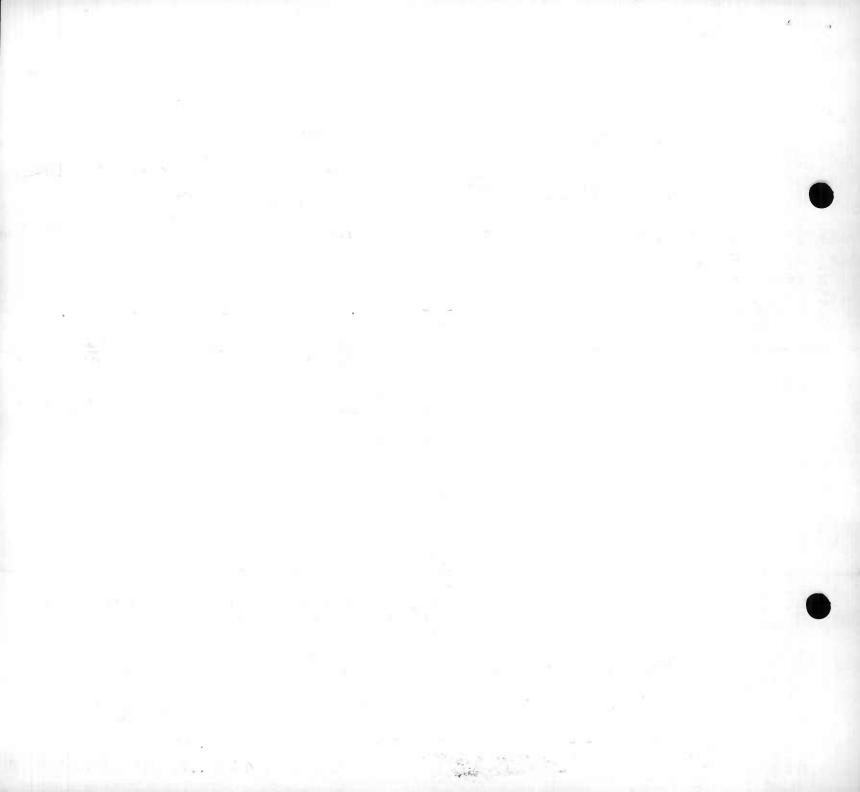
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ADDRESS

ADDRESS

If Under 24 Hrs.





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L	pe or Print)		HERESA		WARD		DEATH	Estimoted	March		71	4:30 P.M.
FU	PLACE IN BA LL NAME OF SPITAL		MARYLAND,				3. DATE PRONC	UNCED DEAD	Month March	Doy 1 31, 19	Yeor	4:30 PM M.
OR	INSTITUTION 1		ai Hosp				5. USUAL I A. STATE	RESIDENCE (Where Maryland	deceosed liv			before admission)
6.	SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?	///
]	Female	Wh:	ite		WED 🛛	DIVORCED [Baltimore	2		ES 🔼	по 🗆
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16.	WAS DECEAS	ED EVER II	N U.S. ARME	FORCE	5? 17	. SOCIAL	18. INFOR	MANT	2	75 Wood	dosess !	Road
,	, no or unknown NO	(ii yes, give	None	of service	" 2	SECURITY NO. 12-24-8656	Mr. J	ames A. Ho	ward S	traffor	d-Wayr	ne, Pa,
	19.	68	X			CAUSE OF DEA	1				A	PPROXIMATE INTERVAL
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FIC	TO THE DEA	ATH BUT NO	OT RELATED TO	THE TERM	INAL	-						
ERT	20A. DATE OF	OPERATIO	ON 208. CO	NOITION	FOR WH	ICH OPERATION WA	S PERFORA	NED			21. AUTO	PSY? (Yes or No)
-1	0/										1000	Yes
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	I cert	JRE	Hatural cau	\$ J.	Aegl	spection Audient Suicid	ASSI	and that on this middle W UCHIEF MEDICAL EXSTANT MEDICAL EXPONENTIAL EXPONENTI	Indetermin (AMINER (AMINER	ed manner	-	DATE SIGNED
REI	BUTIAL CREA	AATION.	248. DATE 4/2/71			AME of CEMETERY			OCATION Balti	(City, town	or county)	
25 4	APR 5	BY HEALTH		258. N	100	REGITRAR	25C. I	UNERAL DIRECTO	R Randa	llstow	PDR BSS1	21133
VS	51-REV. 1/1/68	1			7/4		Lor	ng Byers	runera	1 Direc	tors	
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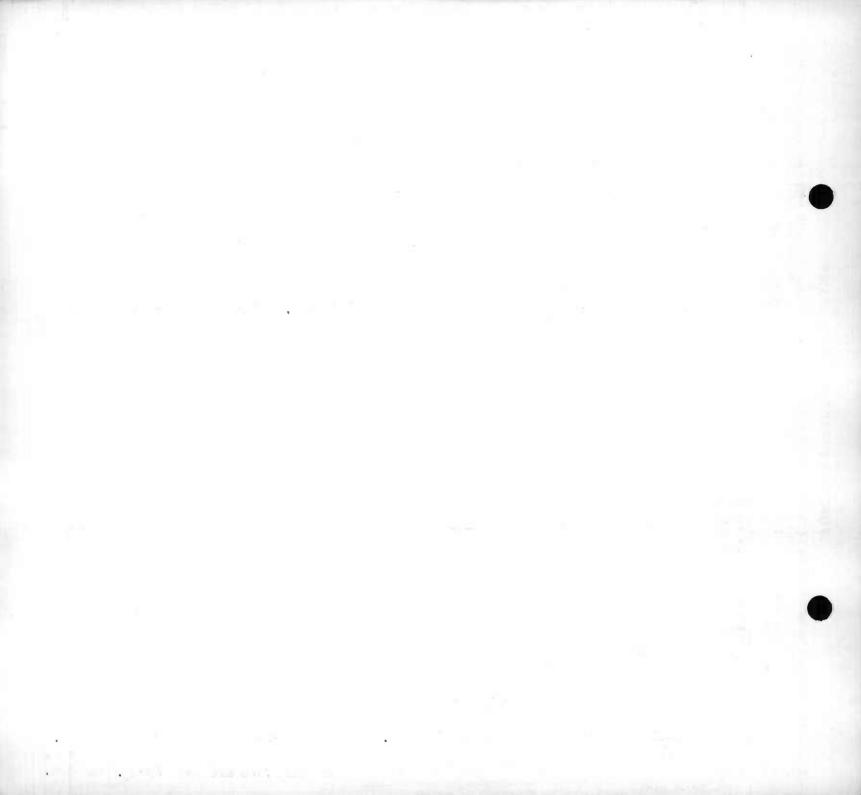
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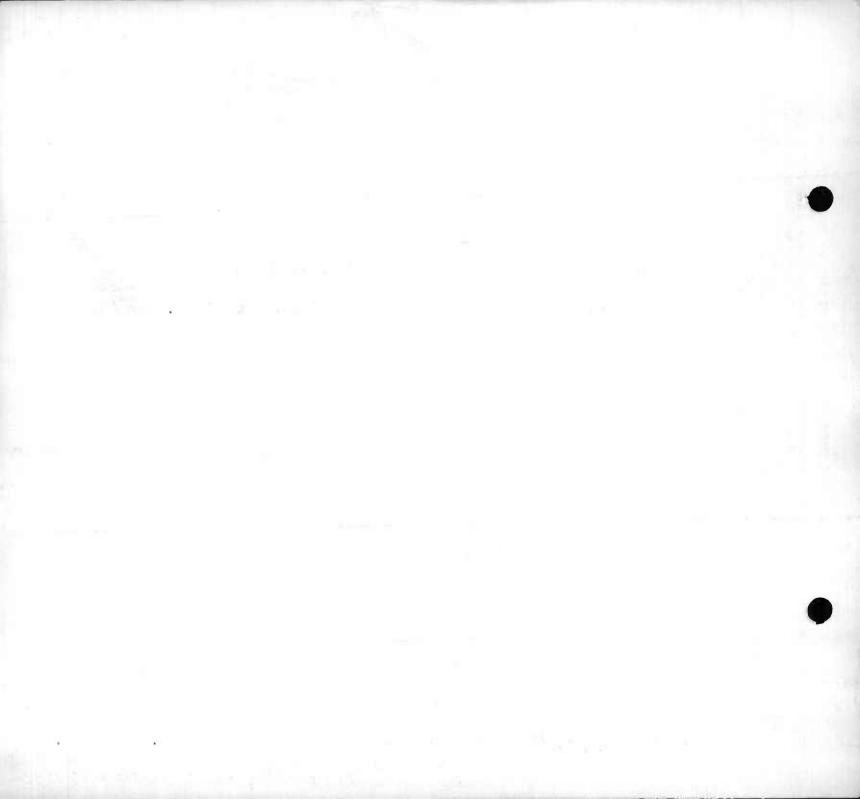
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Q-500 71 3264	BALTIMORE CITY	HEALTH DEPARTMENT		mr.a	0001
BIKIH NO.	CERTIFICA	TE OF DEATH	REG. NO	-/1	3264
1.NAME OF DECEASED (Type or Print) TAMES F	QUINN	2. DATE AN	D HOUR OF DEATH		111- 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUN CED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution; reside	nce before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAN C. CITY OR TOWN) 	2	402
INSTITUTION SOUTH BAL	TIMORE	BALTIMO		IDE CITY LIMITS	NO □
7 3	/	E. STREET AND NUMBER	10	16374	140 L
GENERA 5. SEX 16. RACE 17. MARCH			BSTER	STRI	EET
m Wildow		10/24/10	osí birthday)	If Under 1 1 Months Doy	s If Under 24 Hr Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreig	n country!	12. CITIZEN	OF WHAT COUNT
Stal WORKER	STEEL	BALTIMON	>=	U	SA
J. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .		311
FRANK QUINN		KATHERIN 17. INFORMANT	= MUP	PHV	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor as dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7 751 2.	AD.	DRESS
no	212-03-9375	Frieda H. Qui	nn 1307 Web	ster St	reet
18. 78/171	CAUSE OF DEAT	1		I AP	PROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Curejliologo	They -	BEIW	EEN ONSET AND DEA
(This does not mean the mode of dving, e	(A) IMMEDIATE CAL		7		
heort loiture, asthenia, etc. It meons the diseo injury or complication which coused death.)	se,	A CONSEQUENCE OF;			
ANTECEDENT CAUSES	6 t 4	sloon under	minstra		
DISEASES OR CONDITIONS, il any, givi	ng DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the above cause IA) stating to UNDERLYING CONDITION lost.	he (C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	G Arthen	selevole co	vousry 6	direcce	0 41
19A-DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yas or No)	208. IP YES, WERE I	FINDINGS CON	SIDERED A
OR CONTRIBUTINO CAUSE OF	PLACE OF INJURY (e.g., in the come, form, foctory, street, of color)	or obout 21 C. WHERE DID	(II In Boltimore	e City, give exo	ct locotion)
21 D. TIME (Month) (Doy) (Year) (Hour) 2	TE INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
T(APPROX)	While At Work Wark At Work	' 🗆 .			
22. I certify that (1) (this hospital) ottended	the deceased from	3.29	71 ta	4-2	197/
that (1) (we) last saw the deceased alive or	2 -00		In(my) (our) opli	on death oc	
and have and from the causes stated obove	(1) (We) (did) (did not) vi				
23A. SIGNATURE	to			23B, DATE SIG	NED
Oveder Ro Va	DEGREE Phys		hys.		
Neolegko M. 23C. PHYSICIAN'S NAME (Type) NEDELJKO	11,000,0	3D. ADDRESS			
NEDELJKO.	MATESIC DEGREE	SOUTH. BALTO -	DENERAL	1 40	SPITAL
4A. BURIAL CREMATION, 24B. DATE 24C.	edar Hill (em.	SOUTH. BALTO- WATORY 24D. LO. Anne 25C. FUNERAL DIRECTOR Mc Cully Fu	CATION (Cit	y, town, or cou	nly) (Stole)
ρ : I	edur nece (em.	Anne	rrunael (o	unty	11100.
SA. DAAPR 5 HIST DEPT BE 28 EAT	REGISTRAR	25C. FUNERAL DIRECTOR	nonal Hama	120 E E	DDRESS
C 150_BEV 1/1/48	The state of the s	TIC CULLY FU	пелах поте	130 (.1	UILL TIVE.



111 /20 114	BALTIMORE CITY	HEALTH DEPARTMENT	
W-630 71 3	SZOO CERTIFICA	TE OF DEATH REG. NO.	71 3265
1. NAME OF DECEASED	<u> </u>	2. DATE AND HOUR OF DEATH	
(Type or Print) JOSEPH E. L.	IARD	4/2/7/	18 15 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE I		4. USUAL RESIDENCE (Where deceased lived, 11 in:	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION CIVE STREET	A. STATE B. COUNTY	5300
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C CATALOG TOWN	DE CITY LIMITS?
A	UNSING HOME		YES NO
1) 2525 BELVEDERE	AUC	E. STREET AND NUMBER	
DALTO 10 21	15	9/3 ST. AGNES LA	NE 2/207
M WIDE	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday) 9. AGE (in years lost birthday) 9. AGE (in years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B, KI dane during most of working life, even if refired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreign country)	12. CITIZEN OF WHAT COUNTRY
Bus PRIVER		CHARLES CO NO.	U.J.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Cro. 17.
Arthur Ward		Hortense Gibbons	
5. Was Deceased Ever in U. S. Armed Forcas? res, no or unknown! (If yes, give wer or dotes of se	I 6. SOCIAL	17. INFORMANT	ADDRESS
no	SECURITY NO.	Many Thomas Illand 012 Cd	
18. / 4 3 / 1	CAUSE OF DEATH	many meresa wara 413 St.	ignes Lare
DISEASE OR CONDITION DIRECTLY	CANC	Many Theresa Ward 913 St.	BETWEEN ONSET AND DEATH
LEADING TO DEATH			142.
(This does not meon the mode of dying,	e.g., (A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the di- injury or camplication which coused death.			
ANTECEDENT CAUSES	1.154	444 - 44	
DISEASES OR CONDITIONS, if any,	DUE TO, OR AS	A CONSEQUENCE OF:	*************
rise to the above couse (A) stating UNDERLYING CONDITION lost.	the		
CHECKLING CONDITION 1081	(c)	***************************************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL		
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A-AUTOPSY? (Yos or Noll 208, IF YES, WERE EL	NDINGS CONSIDERED
WAS PERFORMED	ICER OF CO-ON	20A AUTOPSY? (Yos or No.) 20B. IF YES, WERE FI	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Indiffy medical examiner	218. PLACE OF INJURY (e.g., in home, form, foclory, street, off etc.)	or about 21 C. WHERE DID (If to Pathings	City, give exect location)
21D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While		
	Al Work		
22. I certify that (1) (this hospital) attended to (1) (1) (1)		19 7/ to	1/2 197/
that (1) (we) lost sow the deceased alive		ond that in (my) (our) opini	on deoth occurred on the date
and haur and from the couses stated aba	ve. (1) (##) (did) (did not) vi	ew the body ofter death.	
23A. SIGNATURE			23B, DATE SIGNED
Echasy fisher	DEGREE Phys.	ding Med. Shaff Phys.	4/2/71
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	, ,
ELLIOTT R. FI.		338 W. PRATT ST. B.	ALTO 10021201
AS BURIAL CREMATION, 24B, DATE REMOVAL (Specify)	IC. NAME of CEMETERY OF CREA		town, or county) (State)
Burial 4/6/7/	Lorraine (emete	40	
	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
APR 5 1971 P. C. C. R. Z.	Q. 300	Dag (001 M - 66	+0 0 0 0 0
S 150-REV. 1/1/68	NAME OF THE OWNER OWNER OF THE OWNER OW	1 1 5 Cmay - 430 S. D.	on une. 21230



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

APR 5 VS 150-REV. 1/1/68

5-53	0 71	3266	BALTIMORE CITY	HEALTH DEPARTMEN		71	2050			
BIRTH NO.		0000	CERTIFICA	TE OF DEATH	A REG. 140.		-000			
I NAME OF DEC				- 22	AND HOUR OF DEA	TH				
2 DI ACE IN PAI		V. SMI		28	March 1971		121	A A		
S. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. CO	Where deceased livad. I	l institution:	residence belar	o admissian		
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland 2/55						
INSTITUTION	The Wesley H			C. CITY OR TOWN	D. 11	NSIDE CITY I	LIMITS?			
90	2211 W. Roge		110	Baltimore		YES X] NO[
10	ZZII W. ROGE	L2 Avelu		2211 West Ro						
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Und	er l Yr. II U	nder 24 Hrs		
Female	White	WIDOWED	DIVORCED _	8 Nov 1886	1 8h	1viumins	Day's Haur	Min.		
IOA, USUAL OCC	UPATION (Give kind of wark working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign cauntry)	12. CIT	IZEN OF WHA	COUNTR		
•				Maryland			USA			
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME		UDIA			
George 1	H. Sherman			Ida S. Fogle						
5. Wos Decesed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT			4.000.000			
Yes, na or unknown	(II yes, give war or date	s of service)	SECURITY NO.				ADDRESS			
NO 18. / 4	-		218 07 1583	The Wesley H	ome	same				
DISEASES OF THE UNDERLYING	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause IA) CONDITION (ast.	deoth.) any, giving stating the	(B) Carena DUE TO, OR AS (C)	oma recli A CONSEQUENCE OF:	uur			*************		
✓ DISEASE OR C	ONDITION GIVEN IN PAR OPERATION 198 CON	T 1 (A).		1001						
DY 19	WAS PERF	ORMED .	11	20A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS	CONSIDERED	1		
OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF medical examines		PLACE OF INJURY (o.g., in o, farm, factory, street, oli	ar obout 21 C. WHERE DIE	Q (If In Boltin	nore City, glv	re exact location	1)		
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED Ie At Not While At Work		INJURY OCCUR?					
22. I certify	that (1) (this haspital	attended th		Withelm	19 70 to 2	8 Mas	ak.	10 7 /		
that (1) (we)	lost saw the decease	d alive on	23 March		that in (my) (our) o					
		ed abave. (l) (We) (did) (did not) vi	ew the bady after deat	h.					
23A. SIGNATU	RE W/12	1)			=10		E SIGNED			
tolu	All tarual	7	DEGREE Phys.	ding Med.	Staff Phys.	301	Mar 71			
23C. PHYSICIA NAME (T	N'S ype)	/		3D. ADDRESS						
	ohn W. Barnab	У	B. 64-1	1652 E. Belve	dere Avenue					
	MATION, 248. DATE		ME at CEMETERY of CRE	MATORY 24D	LOCATION (City, tawn, o	or county)	(State)		
Burial	31 Mar	71 Lor	raine Park Cen	etery W		_	, Maryl			
SA. DATE REC'D		258. NAME O		25C. FUNERAL DIRECT			ADDRESS			
APR 5	1971 Pobed		en KA	Burgee Fune		Baltimo	re Mary	land		

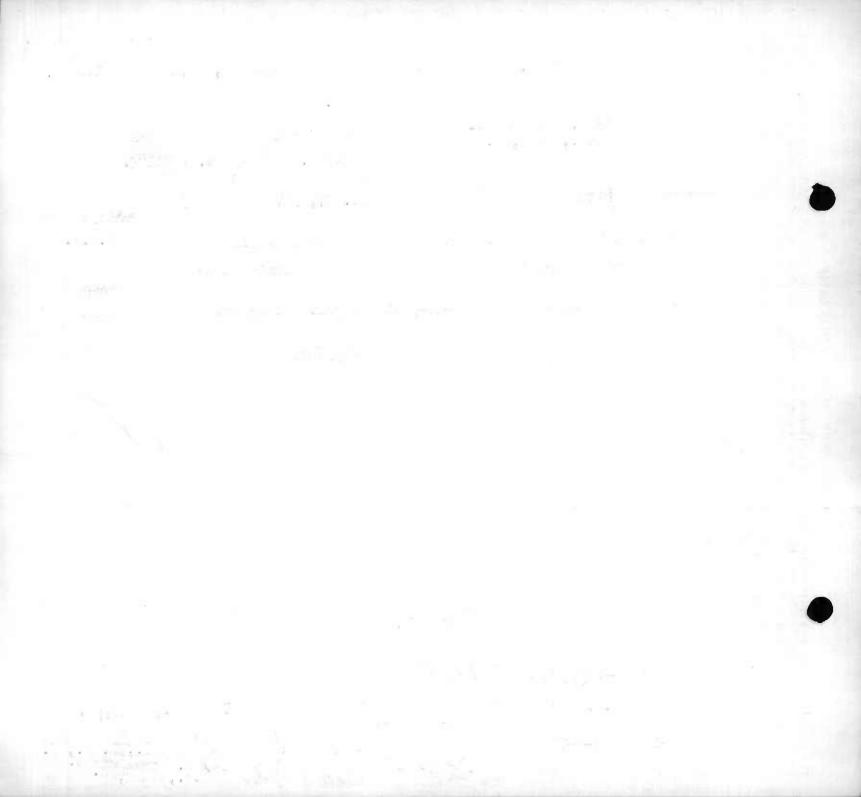
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DIRECTOR:

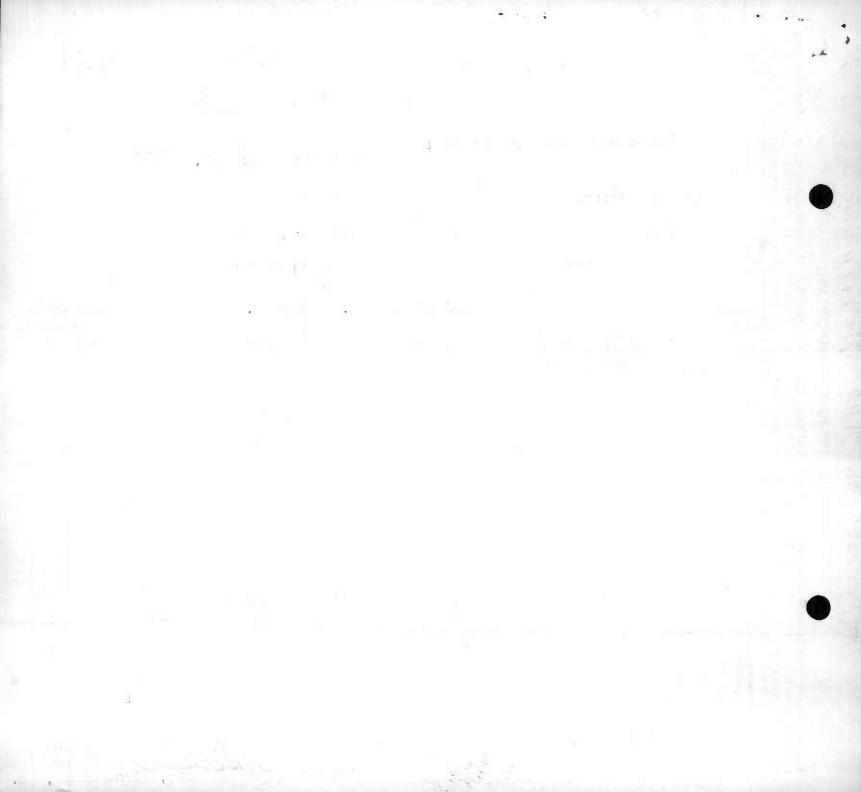
FUNERAL



fTue	AME OF DECEA	SED		CERTIFICA	2. DATE AL	ND HOUR OF DEATH	
		EMILY		ITTERPUSCH	Marc	h 31. 1971	1 7:00 P
3. 1	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONG	OUNCED DEAD	A. STATE B. COUR	ere deceased lived. If i	1:00 P. Institution: residence before admiss
FUI	LL NAME DE	(IF NOT IN HOSPIT	AL DE INSTI	TUTION, GIVE STREET	Md.		2607
INS	TITUTION.	405 S. Ne	wkirk	St.	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
		Balto.,21	224,Md	•	Baltimore E. STREET AND NUMBER		YES NO
					405 S. Newk	irk St. # 2	21224.
5. \$	EX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE fin years	
	emale	White	WIDOWED	DIVORCED	Apr. 17,1917	lost birthdoyl	II Under 1 Yr. II Under 24 Months Doys Hours Min
AOI	USUAL OCCUP	ATION (Give kind of work	10B, KIND O	F BUSINESS OR INDUSTR	Y 11. SIRTHPLACE (Stote or lore	ign cauntry)	12. CITIZEN OF WHAT COUN
	House		SA.4	t Home	D 7		
13. F	ATHER'S NAME			V FOME	Pennsylva	nls. ME	U.S.A.
		Andrew Jur	ella		Sophi	a Domer	
5. V	Ves Decesed Ev	er in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No	, , say give wor ut dole	- OI SEIVICE	181-14-7221	Anonet Ditta	mmin of	
1	18. 199	91		CAUSE OF DEAT	August Ritte	rpusen	Same APPROXIMATE INTERVA
	DISEASE	OR CONDITION DIE	RECTLY				BETWEEN ONSET AND DE
	LE	ADING TO DEATH		(A)IMMEDIATE CA	USE MELITNON	MA	57RC
	(This does not heart failure, as						
	injuly of compli	colian which caused	death.l				
	injuly of compli	colian which caused TECEDENT CAUSES	death.l				
	AN DISEASES OR	TECEDENT CAUSES CONDITIONS. if	death.l	(B)	A CONSEQUENCE OF:		
	AN DISEASES OR rise la lhe	TECEDENT CAUSES CONDITIONS, if above cause (A)	death.l	(B)	A CONSEQUENCE OF:	***************************************	
	AN DISEASES OR rise la lhe	TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost.	death.l	(B)			
	DISEASES OR rise to the UNDERLYING (TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost.	any, giving stating the	(B)		***************************************	
	AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFICA TO THE DEATH	COMMITTIONS, if above cause (A) CONDITION (ast. CONDITION (ast. II ANT CONDITIONS COMMITTION COMMITTEN CO	any, giving stating the	(B) DUE TO, OR AS			
	AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFICA TO THE DEATH	TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost.	death, l any, giving stating the NTRIBUTING 1E TERMINAL T 1 (A). DITION FOR	(B) DUE TO, OR AS) 20B, IF YES, WERE	FINDINGS CONSIDERED
RTIFICATION	AN DISEASES OR rise la the UN DERLYING (OTHER SIGNIFICA TO THE DEATH OTHER DEATH OTHER DEATH OTHER DEATH OTHER DISEASE OR CON 9A. DATE OF OTHER	CONDITIONS, if above cause (A) CONDITION lost. II ANT CONDITION S CONDITION	death.! any, giving stating the NTRIBUTING IE TERMINAL T 1 (A). DITION FOR ORMED	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Ves. or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
C CERTIFICATION	AN DISEASES OR rise la lhe UNDERLYING O OTHER SIGNIFICA TO THE DEATH E DISEASE OR CON 9A. DATE OF OI RIA. ACCIDENT DR CONTRIBUTIO	TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost. II ANT CONDITIONS CONDITION TO THE CONDITION OF THE CONDITIO	death,! any, giving stating the stating the STRIBUTING SE TERMINAL TO (A). DITION FOR SORMED	(B) DUE TO, OR AS (C) WHICH OPERATION LPLACE OF INJURY [e.g., ine, forting, street, games, forting, street, games, street, g		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? • City, give exect location)
CAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATOR OF ON THE DEATH OF OIL CONTRIBUTION OF C	CONDITIONS, if above cause (A) CONDITION lost. II CONDITION SCONDITION CONDITION CONDITIONS CONDITION SCONDITION SCONDIT	death.l any, giving stating the Stating t	(B) DUE TO, OR AS (C) WHICH OPERATION L PLACE OF INJURY fe-g., ine, form, foctory, street, a	20A. AUTOPSY? IVes or No in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Boltimor	
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING (OTHER SIGNIFICATION OF THE DEATH E DISEASE OR CON PA. DATE OF OIL OF THE DEATH (notify me of the part	TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost. II ANT CONDITIONS CONDITION TO THE CONDITION OF THE CONDITIO	death.l any, giving staling the staling term of the staling t	(B) DUE TO, OR AS (C) WHICH OPERATION LPLACE OF INJURY [e.g., ine, form, foctory, street, or injury occurred)	20A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimor	
MEDICAL CERTIFICATION	DISEASES OR cise la the UNDERLYING OTHER SIGNIFICATO THE DEATH EDISEASE OR COMPANDATE OF OIL CONTRIBUTION CONTRIBUTION DEATH (notify me CONTRIBUTION DEATH (TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost. II ANT CONDITIONS CONDITIONS CONDITION GIVEN IN PART PERATION 198. CONIVAS PERF WAS UNDERLYING NO CAUSE OF edicol esamined	death.l any, giving stating the NTRIBUTING AE TERMINAL 11 (A). DITION FOR CORMED 21B hometc. (Hour) 21E, Wh. Wo	(B) DUE TO, OR AS (C) WHICH OPERATION LPLACE OF INJURY fe.g., in oe, form, foctory, street, or one, form of the control of t	20A. AUTOPSY? IT'es or No in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU	(If In Boltimor	e City, give exact location)
MEDICAL CERTIFICATION	DISEASES OR cise la the UNDERLYING OTHER SIGNIFICATO THE DEATH EDISEASE OR COMPANDATE OF OIL CONTRIBUTION CONTRIBUTION DEATH (notify me CONTRIBUTION DEATH (TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost. II ANT CONDITIONS CONDITIONS CONDITION GIVEN IN PART PERATION 198. CONIVAS PERF WAS UNDERLYING NO CAUSE OF edicol esamined	death.l any, giving stating the NTRIBUTING AE TERMINAL 11 (A). DITION FOR CORMED 21B hometc. (Hour) 21E, Wh. Wo	(B) DUE TO, OR AS (C) WHICH OPERATION LPLACE OF INJURY fo.g., ine, form, foctory, street, and street	20A. AUTOPSY? IT'es or No in or obout 21C, WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU	(If In Boltimor	e City, give exact lacation)
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING (OTHER SIGNIFICATION FOR CONTRIBUTING CONTRIBUTION CONTRIBUTI	CONDITIONS, if above cause (A) CONDITION lost. II CONDITION SCONDITION CONDITION CONDITIONS CONDITION SCONDITION SCONDIT	death.! any, giving stating the Stating t	(B) DUE TO, OR AS (C) WHICH OPERATION L PLACE OF INJURY [e.g., in the following of the colory, street, and in the colory of the color of the	20A. AUTOPSY? IVes or No in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU	IN CERTIFYING CA	e City, give exect location)
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING (OTHER SIGNIFICATION TO THE DEATH EDISEASE OR CON 9A. DATE OF OIL OF THE DEATH (notify me TID. TIME (NOTICE IN JURY APPROX.)	CONDITIONS, if above cause (A) CONDITIONS, if above cause (A) CONDITION lost. II ANT CONDITIONS CONDITIONS CONDITION STELATED TO THE CONDITION GIVEN IN PART PERATION 1984. CONDITION GIVEN IN PART OF CONDITION GIVEN GIVEN IN PART OF CONDITION GIVEN IN PART OF COND	ony, giving stating the NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR ORMED 21E who wo	(B) DUE TO, OR AS (C)	20A. AUTOPSY? fives or No in or obout 21C. WHERE DID ffice bidg., 21F. HOW DID INJU PRINTED TO and the	IN CERTIFYING CA	e City, give exect location)
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING (OTHER SIGNIFICATION TO THE DEATH EDISEASE OR CON 9A. DATE OF OIL OF THE DEATH (notify me TID. TIME (NOTICE IN JURY APPROX.)	CONDITIONS, if above cause (A) CONDITIONS, if above cause (A) CONDITION lost. II ANT CONDITIONS CONDITIONS CONDITION STELATED TO THE CONDITION GIVEN IN PART PERATION 1984. CONDITION GIVEN IN PART OF CONDITION GIVEN GIVEN IN PART OF CONDITION GIVEN IN PART OF COND	ony, giving stating the NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR ORMED 21E who wo	(B) DUE TO, OR AS (C)	20A. AUTOPSY? IVes or No in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU	IN CERTIFYING CA	e City, give exect location) MARCH 19 Inlan death accurred on the d
MEDICAL CERTIFICATION	DISEASES OR cise la the UNDERLYING OTHER SIGNIFICATORIST OF DESEASE OR COMPANDATE OF OILSEASE OR CONTRIBUTION OF INJURY (APPROX.) 12. I certify the hat (I) (we) lated the out of the contribution of the con	CONDITIONS, if above cause (A) CONDITIONS, if above cause (A) CONDITION lost. II ANT CONDITIONS CONDITIONS CONDITION STELATED TO THE CONDITION GIVEN IN PART PERATION 1984. CONDITION GIVEN IN PART OF CONDITION GIVEN GIVEN IN PART OF CONDITION GIVEN IN PART OF COND	ony, giving stating the NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR ORMED 21E who wo	(B) DUE TO, OR AS (C)	20A. AUTOPSY? fives or No in or obout 21C, WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 2PQ /	IN CERTIFYING CA (If In Boltimor URY OCCUR? 957 to 3 11 (my) (our) opl	e City, give exoct locotion)
MEDICAL CERTIFICATION	AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFICA TO THE DEATH DISEASE OR CON PA. DATE OF OI PA. DATE OF OI CONTRIBUTION PA. DATE (OTHER SIGNIFICA TO THE DEATH OR CONTRIBUTION PA. DATE OF OI CONTRIBUTION PA. DATE (OTHER SIGNIFICA TO THER TO TH	CONDITIONS, if above cause (A) CONDITIONS, if above cause (A) CONDITION lost. II CONDITION S CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS (AND LICENSE CONDITIONS CONDITIONS (AND LICENSE CONDITIONS CONDITIONS (AND LICENSE CONDI	ony, giving stating the NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR ORMED 21E who wo	(B) DUE TO, OR AS (C)	20A. AUTOPSY? FYes or No in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU PROPERTY OF THE PROPERTY OF	IN CERTIFYING CA	e City, give exect locotion) MARCH 19 Inlan deoth accurred on the d
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING (OTHER SIGNIFICATION FOR CONTRIBUTION F	CONDITIONS, if above cause (A) CONDITIONS, if above cause (A) CONDITION lost. II ANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTICIPATION P	ony, giving stating the NTRIBUTING IS TERMINAL 1 1 (A). DITION FOR ORMED 21B Wh Wo attended t d alive on	(B) DUE TO, OR AS (C)	20A. AUTOPSY? No or No in or obout 21C, WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? And the pady after death. 22D. ADDRESS	IN CERTIFYING CA (If In Boltimor URY OCCUR? 959 to 3 at In (my) (our) opl Staff	e City, give exoct locotion) 19 Inlan deoth accurred on the december 19 23B, DATE SIGNED
MEDICAL CERTIFICATION	AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFICA TO THE DEATH E DISEASE OR CON PA. DATE OF OI PA. ACCIDENT POR CONTRIBUTH POR CONTRIBUTH POR CONTRIBUTH POR CONTRIBUTH POR CONTRIBUTH POR CONTRIBUTH APPROX.) PA. DATE OF OI TID. TIME APPROX.) PA. I certify the hat (I) (we) last and haur ond fr JA. SIGNATURE JA. SIGNATU	CONDITIONS, if above cause (A) CONDITIONS, if above cause (A) CONDITION lost. II CONDITION S CONDITIONS CONDITION S CONDITION S CONDITION S CONDITION GIVEN IN PART PERATION 19B. CONDITION GIVEN IN PART PERATION 19B. CONDITION (See a samined) Was UNDERLYING NO CAUSE OF Edicol examined Onnith) (Doy) (Year) On the couses state of the couses st	death.i any, giving stating the stating t	(B) DUE TO, OR AS (C) WHICH OPERATION L. PLACE OF INJURY [e.g., in the control of the control	20A. AUTOPSY? IT'es or No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU And the bady after death. Inding Med. Director D 23D. ADDRESS 3401 Dundalk	IN CERTIFINO CA (If In Boltimor URY OCCUR? 9 5 9 to 3 at In (my) (our) op! Shaff Phys. Ave. Balto	ce City, give exect locotion) MFR (1)
MEDICAL CERTIFICATION	AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFICA TO THE DEATH DISEASE OR CON PA. DATE OF OI PA. DATE OF OI CONTRIBUTION PA. DATE (OTHER SIGNIFICA TO THE DEATH OR CONTRIBUTION PA. DATE OF OI CONTRIBUTION PA. DATE (OTHER SIGNIFICA TO THER TO TH	TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost. II ANT CONDITIONS CONSULT NOT RELATED TO THE TOTAL TENTED TO THE TOTAL TENTED TO THE TOTAL	death.i any, giving stating the stating t	(B) DUE TO, OR AS (C) WHICH OPERATION L. PLACE OF INJURY fe.g., ine, form, foctory, street, and ine, foctory, street, and	20A. AUTOPSY? IVes or No in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJURY 21F. HOW DID INJU	IN CERTIFINO CA (If In Boltimor URY OCCUR? 9 5 9 to 3 at In (my) (our) op! Shaff Phys. Ave. Balto	e City, give exect locotion) MFCH 19 Inlan deoth accurred on the d

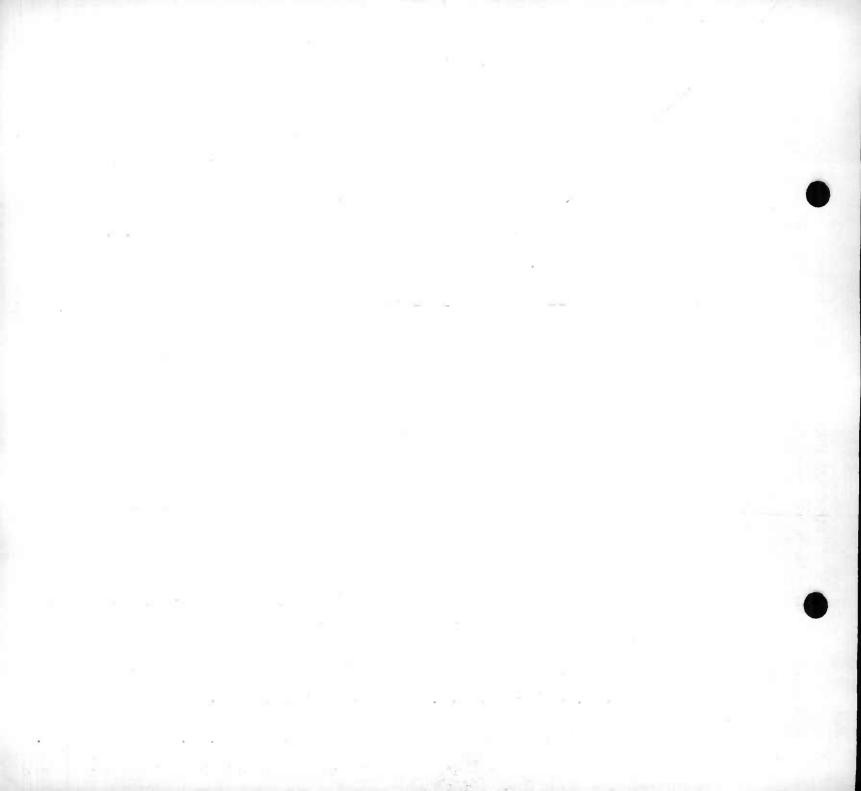


	R-65	2 71	2006		HEALTH DEPARTMENT		1-0 g A		- 00	
	RTH NO.		520	CERTIFICA	TE OF DEATH	REG. NO	/1	32	268	
	NAME OF DEC		YCE I	BARNES		AND HOUR OF DEATH		6:	45 P	
3.	PLACE IN BAL	TIMORE, MARYLAND, V			4. USUAL RESIDENCE (Where deceased lived, If i	nstitution;			Mission
H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR IN	STITUTION, GIVE STREET	MARYLAND	ANNE			32	00
"					C. CITY OR TOWN	D. INS	IDE CITY I		NOK	
	3 3 HE	Johns Hopk	INS	HOSPITAL	E. STREET AND NUMBER		163	1	140 [5]	
5.	SEX	6. RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	II Unde	er 1 Ys.	If Under Hours	24 His
F	EMALE	WHITE	WIDOW	VED DIVORCED	3-21-40	1 31	Months	Doys	Hours	Min.
10/	A. USUAL OCCI	UPATION (Give kind of work working life, even If retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	tareign country)	12. CIT	IZEN OI	F WHAT CO	UNTR
	Waitr		Re:	sturant	Bryn Mare,	Pennsy		US	Δ	
13.	FATHER'S NA		-		14. MOTHER'S MAIDEN				Λ	
	EDWA	RD WHITE			LORRAINE	STEWARD				
5. Ye	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT			ADDI	RESS	
	NO	NONE	S OI SEIVIC	21.7/38/5340	Ma Dieboad	C D				113
-	18. / =	1 4 I		CAUSE OF DEAT		r. Barnes			ME as	#4
	(This does n heart failure, Injury at com	SE OR CONDITION DIS LEADING TO DEATH out meen she mode of asthenia, etc. It means uplication which caused ANTECEDENT CAUSES	dying, e	DUE TO, OR AS	a consequence of:				13	
-	rise to the	PR CONDITIONS, il above cause (A) CONDITION last.	ony, giv sloting	(c)	A CONSEQUENCE OF:	untion of			************	
CATION	DISEASE OR CO	ICANT CONDITIONS CO H BUT NOT RELATED TO TO DIDITION GIVEN IN PAR OPERATION 198 CON	E TERMIN	he matom	x Z on	3-19-71				
RTIF	13-1	9-7/ WAS PERE	ORMED	boat hemateuma	1 , 0	No) 20B, IP YES, WERE IN CERTIFYING CA	USES OF	DEATH:	IDERED ?	
S	OR CONTRIBU DEATH (notify	TING CAUSE OF medical examines		21B PLACE OF INJURY (e.g., in home, form, loctory, street, of olc.)	or about 21 C. WHERE DIE fice bldg., INJURY OCCUR	(II in Baltimar	e City, glv	e exoci	lacation)	
MEDI	OF INJURY (APPROX.)	(Manth) (Day) (Year)		21 & INJURY OCCURRED While AI Work AI Work		INJURY OCCUR?				
	22. I certify	that (1) (this hospital	attende	d the deceased fram	3-19		4-	1	19	7/
	that (I) (we)	last saw the decease	d alive a	n		that In(my) (aur) apl				
	and haur and	from the causes stat	ed abave	• (l) (We) (did) (did not) v	lew the body after deat	h				
	10	110.18		Atten	odina 🗆 Med 🖵	SL# I	23B, DAT	TE SIGN	ED 1	
	23C. PHYSICIAI NAME (Ty	N'S	Zai	- LONCE	Med. Director Director	Staff Phys.	4-	-1-		
	Donal	1 0 1.	IAM		THE JOHNS H	OPKINS HOSE	ITAL			
24A	BURIAL CREA	MATION, 248. DATE		NAME of CEMETERY of CRE	MATORY 24D	LOCATION (Ci	ly, tawn, a	or county	() (S	late)
	Buri	al 4/5/71		edar Hill Ceme	terv	Brooklyn/ R	FD	Man	mul ===	
25A	APR	THEALTH DEPT Q	258 MAM	OF LEGISTAN	25C. FUNERAL DIRECT	ORX/BILLIA.	2	ADI	ryland DRESS	
/s	150-REV. 1/1/6	8			I Gerida pull	GUETAT UNIVE	UJE	ELL_H	urnie,	Mr



DIRECTOR:

FUNERAL



IMPORTANT

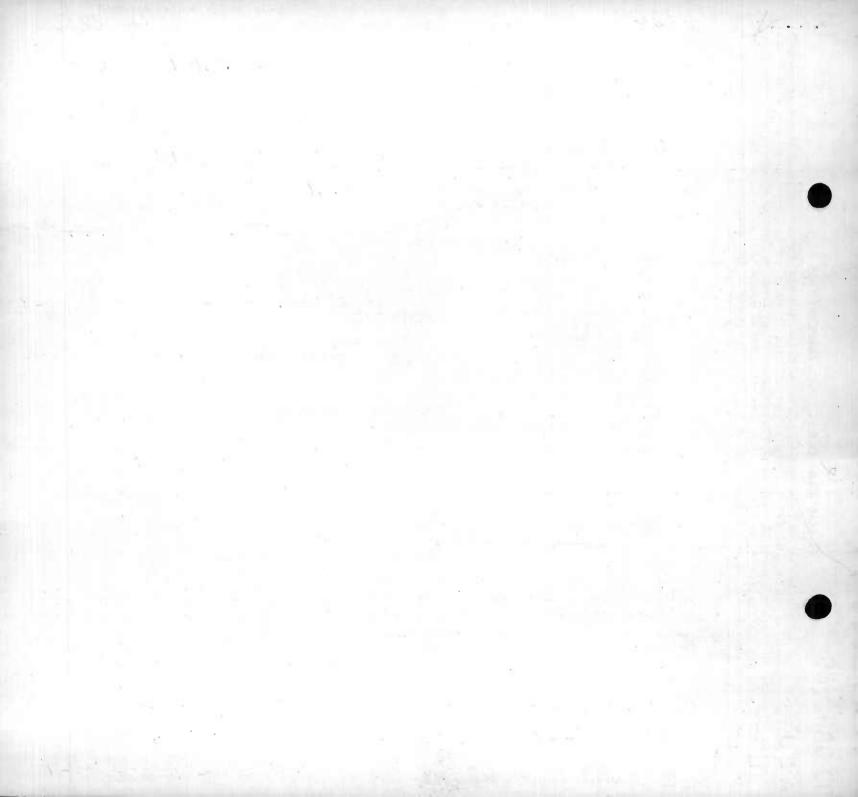
FUNERAL DIRECTOR:

BII	4-400 RTH NO.	•	71 .	327:	ï		Y HEALTH DEPAR		X REG. NO	71	3271	
1.1	NAME OF DEC	EASED						2. DATE A	ND HOUR OF DE	ATH		
			HAL	L, R	USSE	LL ROBERT		A	PRIL 2,	1971	1 8:35 P.	. M.
3,	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRO	ONO UN	CED DEAD	Line as una	B. COU	ere deceased lived.	If institutions	residence before admis	sionl
FL	ILL NAME OF	(IF NOT	IN HOSPIT	AL OR IN	TUTITE	ON, GIVE STREET	MARYL	AND	BALTIMO	DRE	5300	
İN	STITUTION						C, CITY OR TOW	N	D.	INSIDE CITY	LIMITS?	
1 5	10	ST AG	MES H	05 P I	TAL		HALETH	ORPE		YES] NO 📉	
′									IC AVENUE			
5.	SEX	6. RACE		7. MADD	ien K	NEVER MARRIED	8. DATE OF BIRTS		S AVENUE			-
	MALE	MH1.		WIDOY	VED 🗌	DIVORCED	06 28	14	lost birthdoy)		er I Yr. II Under 24 Doys Hours M	
don	POLTE	working life, eve	en if relired)	108, KINI	O OF BU	ISINESS OR INDUSTR			•	12. CI1	TIZEN OF WHAT COU	NTRY?
_				Ba 1	timo	re County	PENNSY	LVANI	A		U.S.A.	
13.	FATHER'S NA		EN W.	LIALI	1		14. MOTHER'S M					
					_		IVA C	• FRE	FD			
15. (Ye	Wos Deceased s, no or unknown!	Ever in U. S.	Armed Fore	ces? s of servi	ce) 16	SOCIAL SECURITY NO.	17- INFORMANT	ATON	AVENUE O	1000	ADDRESS	
	No				2	16 03 060			AVENUE 2		OC MILIKENO	
	18. 4/	0,91				CAUSE OF DEA		1/2	USFITAL	RECURL	S-WILKENS	
		E OR CONE		ECTLY			//			/.	BETWEEN ONSET AND D	HTAS
	(This does n	LEADING TO		dvina 4	9.0	(A) IMMEDIATE CA		enic	Shock			_
	heart failure,	asthenia, etc.	. It means	the dised	ase,	DUE TO, OR AS	A CONSEQUENCE	OF:				nodes .
	injury or complication which caused death.) ANTECEDENT CAUSES						1./	7	C. fin			
	(B)						A CONSEQUENCE	JH/	ari 110V	7.		da 1919
	rise to the	rise to the abave cause (A) stating the						OF				
	UNDERLYING	CONDITIO	N lost.		1	(c)						-
N	OTHER SIGNIF	ICANT CONDI	TIONS CON	ITOIDITI	10		11/	1 . 1	1			
ATION	TO THE DEATI	H BUT NOTRE	LATED TO TH	E TERMIN	AL	(ere bro V	ascular U	((1 de	est -			
	19A. DATE OF	OPERATION	198. CONE	DITION FO	OR WHI	CH OPERATION	20A. AUTOPSY	(Yes or No	208, IF YES, WE	RE FINDINGS	CONSIDERED	
CERTIFIC	0				L. COLOR		NO		IN CERTIFYING	CAUSES OF	DEATH?	
	21 A. A CCIDEN OR CONTRIBU DEATH (notify	TINO CAU medical exom	ERLYING [] SE OF ined		21 B. PLA home, fi elc.)	CE OF INJURY (e.g., arm, factory, street, a	ffice bldg., INJURY	ERE DID DCCUR?	(If In Balti	Imore City, giv	ve exoct location)	-
MEDICAL	21 D. TIME	(Month) (Do	y) (Yeorl	(Hour)	21 E. INJ	IURY OCCURRED	21F. HOV	N DID IN	URY OCCUR?			
\$	OF INJURY (APPROX.)			- 2	While A							
	22. 1 certify	that M) (this	hospital)		/	At Work	MARCH 28		71 1	DD II o	dress.	-
	that (N) (we)	last saw the	decelor	olive o	n A	PRIL 2.	19. 71		19 71 to A		19/_	1_
				/				ona th	at in (my) (our)	opinion dea	th occurred on the	Jate
and hour and from the causes stated above. (1) (We) (dld) (drd not) view the bady after death.												
		1110	49			Ath	nding Med	·. 🗆	Shaff	0	4/02/71	
	23C. PHYSICIANS DEGREE Phys. Director Physicians 23D. ADDRESS											
	NAME (I)	500	UIROZ	. M.	D.							
24A	BURIAL CREA		DATE			of CEMETERY of CR	MATORY	24D. 14	OCATION	(City, town,	or county) (State	
	REMOVAL (S) Burial		-6-197			aine Park C			ltimore Co			
	DATE REC'D					EGISTRAR	25C. FUNERAL			Juliey,		
	APR 5			2, 40						07 LT: 11-	ens Avenue	2122
VS	50-REV. 1/1/6						HOWard	n. Hu	Duard, 410	O/ WIIK	CIIO 1.VCIIGO	

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VS 150-REV. 1/1/6B



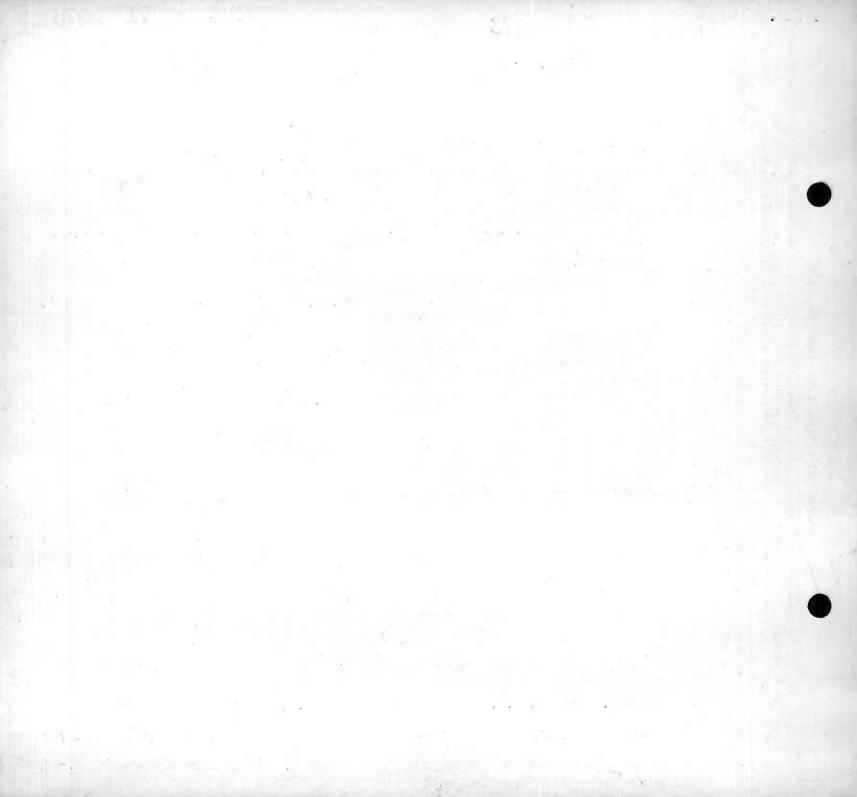
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



NO X

U. S. A.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

hospital

IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

The state of the s

	17 2510	BALTIMORE CITY HE	ALTH DEPARTMENT					
L-320	MEDICAL	EXAMINER'S			Н	71	3975	
BIRTH NO.					REG. NO.		4660	
1. NAME OF DECEASED (Type or Print)	GEORGE THE	NRY LITZ, SR.	2. DATE Know	n Month	Doy	Yeor H	our	
4. PLACE IN BALTIMORE, A			3. DATE	Month	Doy	Yeor H	M.	
FULL NAME OF (IF N	OT IN HOSPITAL OR INS		PRONOUNCED D			1971	11:45a _{м.}	
ORINSTITUTION 4613 Y	ork Rd.		5. USUAL RESIDENCE A. STATE Md.	E (Where deceosed li	ed. If institution: B. COUNTY	residence befo	re odmission)	
6. SEX 7. RACE	8. AA A DE	RIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?	10	
male whi		VED TO DIVORCED	Balto		VE	s 🖪 NO		
9. DATE OF BIRTH	10. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NU	MBER	T YE	s 🖆 NO		
8=14=1914 11. BIRTHPLACE (State or fore		12 CITIZENI OF						
Maryland	eign country)	WHAT COUNTRY?	13. FATHER'S NAME	ck W. Litz				
		OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIL	DEN NAME				
Gas Station Att		Head Sor Sta	Henriett	a Bender				
16. WAS DECEASED EVER II	N U.S. ARMED FORCE	52 117. SOCIAL	IB. INFORMANT	a pender	AD	DRESS	21227	
(Yes, no or unknown) (If yes, give	e wor or dotes or service	216-07-7830	Mrs. Myrt1	le Bayer, 3	402 Holl	ins Fer		
19.45 5 A		CAUSE OF DEA					NIMATE INTERVAL	
DISEASE OR CON		Bronchopn	eumonia, bi	lateral				
(This does not mean th		(A) IMMEDIATE C		sc.				
(This does not mean the mode of dying, e.g., heart foliure, osthenio, etc. It means the disease, injury or complication which coused death.)								
ANTECEDEN	IT CAUSES	(B)						
DISEASES OR CONDI	TIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE	OF:				
UNDERLYING COND	CAUSE (A) STATING THE ITION LAST.	(C)						
<u> </u>	II	(~/	***************************************					
O TO THE DEATH BUT NO	ONDITIONS CONTRIBU OT RELATED TO THE TERM IN GIVEN IN PART 1 (A)	INAL			****	r van gage gage geer som sport gere sjok gan vajersjok van Stil dyn vid	~ m ~ w ~ m = m = m = m = m = m = m = m = m = m	
20A. DATE OF OPERATION		FOR WHICH OPERATION W	AS PERFORMED			21. AUTOPSY	? (Yes or No)	
Ö						yes		
22A. EXTERNAL CAUS		22B. PLACE OF INJURY (e.g., home, form, loctory, street, office			re City, give exo			
UTING CAUSE OF DE	EATH. (Doy) (Yeor) (Hou	r) 22E. INJURY OCCURRED	22F. HOV	V DID INJURY OCC	UR?			
OF INJURY (APPROX.)			WHILE O					
23.		7						
I certify that I				hat an this basis,	death in my	apinion ¬		
resulted from:	Natural eauses X	Accident Suicio	de Homicide	Undetermi	ned manner L			
ACTUAL	(A)	118	CHIEF M	EDICAL EXAMINER		DA	TE SIGNED	
ACTUAL SIGNATURE	1/Mas	feafelling M.D	ASSISTANT M	EDICAL EXAMINER	上述			
EXAMINER'S				EDICAL EXAMINER			/ m at	
NAME (Type)		alakis, M.D.					2/71	
24A. BURIAL CREMATION, REMOVAL (Specily)	24B. DATE	24C. NAME of CEMETERY	ar CREMATORY	24D. LOCATION	(City, town	, or county)	(Stole)	
Burial	4-5-1971	Loudon Park (re, Mary	land		
25A. DATE REC'D BY HEALT	H DEPT. 258. N	NAME OF REGISTRAR	25C. FUNERAL			DDRESS		
APR 5 1971	Valent en 40	Liber H. A.	Howard H	H. Hubbard,	4107 Wi	lkens A	ve. 2122	

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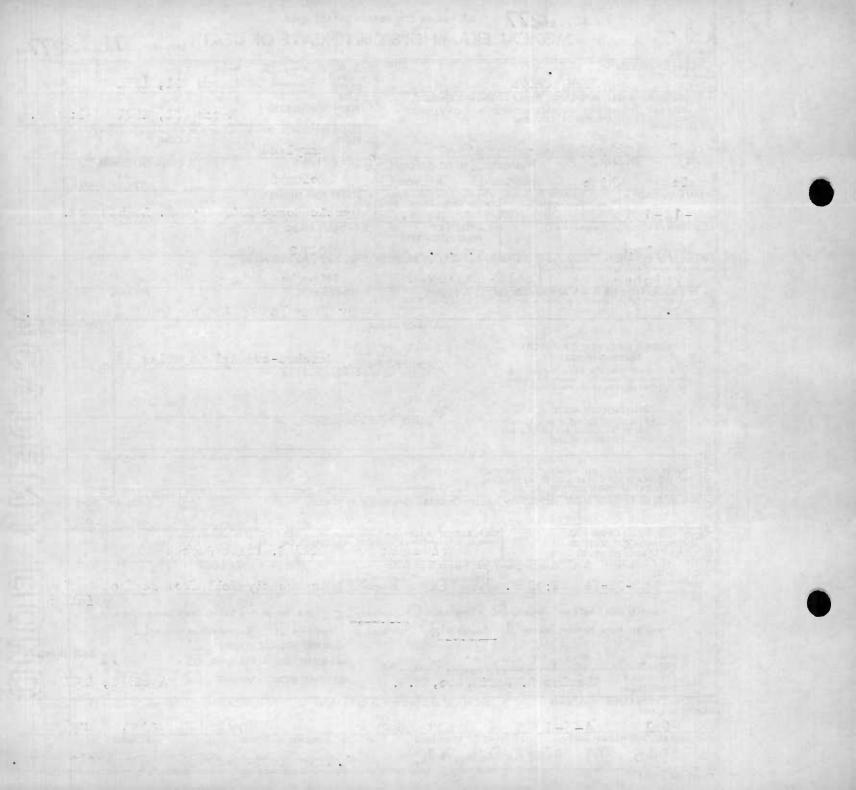
M-460	71	3276		HEALTH DEPARTMENT	REG. NO	71 32	276
1.NAME OF DE		SR. SAMU	EL RICHARD	2. DATE	AND HOUR OF DEATH	71 11:	: 00 A
3. PLACE IN BA	ALTIMORE, MARYLAND	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived, If	institution; residence b	refare admission)
FULL NAME OF HOSPITAL OR	F (IF NOT IN HO ADDRESS OR L	PITAL OR INSTITU	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIMORI	E 53	00
4/1	ST. AGN	ES HOSPI	TAL	A ZXXXXXXXXXX	RBUTUS	YES N	o 🗹
70	CATON &			E. STREET AND NUMBER	AVENUE 2	1227	
MA LE	WHITE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 03 27 06	9. AGE (in years lest birthday)	If Under 1 Yr. Months Doys H	If Under 24 Hrs.
10A, USUAL OCC	CUPATION (Give kind of volume of working life, even if retire	work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF W	HAT COUNTRY
	KKE P PER	9)		PENNSYLVA	ATTA	11.0	Λ
13. FATHER'S NA				14. MOTHER'S MAIDEN N		U.S.	, A .
DANI	LEL MILLER			ABBIE RAND			
15. Was Decease (Yes, no er unknow	d Ever in U. S. Armed	Forces? lotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT AND	WILKENS AV	FNUE APPRES	9
NO			189 18 78	88 ST AGNES	HOSPITAL F		
18.	2 X		CAUSE OF DEAT		1100111111	APPROXI	MATE INTERVAL
DISEA	ASE OF CONDITION	DIRECTLY		//			NSET AND DEATH
	LEADING TO DEAT	TH	(A)IMMEDIATE CAL	co aremie	and.	merasi	rus
(This does	not meen the mode , asthenio, etc. it med	of dying, e.g.,		A CONSEQUENCE OF:	11/2015	Nen de	
injury ar ca	mplication which caus	ed death.)	\		areon o	e l'acce	101
	ANTECEDENT CAUS	SES	11100	es puad	CANC	010/10	P
DISEASES	OR CONDITIONS,	if env. giving	(B)	A CONSEQUENCE OF:			
rise to the	he ebave cause (A	A) sleling the	10 sun	nas bla	dder		
	11 .		(0)	7			
OTHER SIGNI	IFICANT CONDITIONS	CONTRIBUTING					
TO THE DEA	TH BUT NOT RELATED TO CONDITION GIVEN IN	THE TERMINAL	****************				
	P OPERATION 198 C		HICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDE AUSES OF DEATH?	RED
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicel exemined		PLACE OF INJURY (e.g., li farm, factory, street, of	or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(II In Beltime	ere City, give exact loca	otion)
21 D. TIME OF INJURY	(Month) (Doy) (Ye	or) (Hour) 21E	NJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
(APPROX.)		While	At Work				
22. I certify	v that (N) (this hospi	tal) attended the		ARCH 25	19 / 1 to Al	PRII 2	10 71
22. I certify that (N) (this hospital) attended the deceosed from MARCH 25 19 /T to APRIL 2 19 /T thet XI) (we) lost sew the deceosed clive on APRIL 2 19 /T ond that in (M) (our) opinion decth occurred on the dete							
		tated above. (!)	(We) (did) (did not) (lew the bady after death	•		
23A. SIGNAT	URELLIC	2110	1		e2.010 mm	23B, DATE SIGNED	6
Oca,			GEGREE Phys	nding Med.	Staff Phys.	4/2/	2/
NAME (AN'S Typel	MAL		3D. ADDRESS			
24A. BURIAL CRI	EMATION, 248. DATE (Specify)	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ily, town, or county)	(Stote)
Buria1	4-5-1		up Meth. Chu		ockeysville,		
25A. DATE REC'S	1971	258 HANTE A	PROISE AND	Howard H. Hu	р bard, 4107	Wilkens Ave	e. 21229
VS 150-REV. 1/1/	/68						

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1	1 / 1 / 1	BALTIMORE CITY HE			X				
BI	MEDICAL EX	AMIINER 3	LEKTIFICA	TE OF	DEATH	REG. NO.	71	32'	77
	NAME OF DECEASED P.			Known 🛣	Month	Day	Year	Hour	
	JOHN GROVE		OF DEATH	Estimated	March	31, 1	971		M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL		3. DATE		Month	Doy	Yeor	Hour	, jvi.
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION SPITAL ADDRESS OR LOCATION)	N, GIVE STREET	PRONOUNC	ED DEAD	March	31, 1	971	13:00	P
OF	INSTITUTION		5. USUAL RESID	ENCE (Where	deceased live	d. If Institution	residence b	efore odmis	ision)
1	35 Church Home Hospi	ital	A. STATE Mar	yland	1100	COUNTY	130	1)	
6.	SEX 7. RACE B. MARRIED	NEVER MARRIED	C. CITY OR TO	-		. INSIDE CI	TY LIMITS?		
1	Male White WIDOWED□	DIVORCED [Co1	lumbia		VI	Es 🗌 ı	No 🗆	
9.	DATE OF BIRTH 10.AGE (In years If Und Inst birthday) Months	er 1 Yr. II Under 24 Hrs.	E. STREET AND	NUMBER			-	10	
	2-18-1913 58	Doys Hours Min.	Mystic	Court 5	525 150	0 W. L	ombard	St.	
11.	W	TZEN OF	13. FATHER'S N						
144	.USUAL OCCUPATION (Give kind of work 148. KIND OF BL	S. A.	Georg	MAIDEN NAN	\F				
don	e during most of working life, even it refired)								
16.	WAS DECEASED EVER IN U.S. ARMED FORCES?	7. SOCIAL	IB. INFORMAN	nie Pr	rce	Δι	DDRESS		
(Ye	No.	SECURITY NO.			0 0 000 000				~ .
	19.	CAUSE OF DEAT	Mrs Cha	arrocce	e Grov	e 200		Man :	ST.
	2001/							EEN ONSET A	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Core	bro-cra	niol in	inrion	18 7		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death,)	(A)IMMEDIATE C	S A CONSEQUENT		mar In	Juries			
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO, OR A	AS A CONSEQUEN	NCE OF:					
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							······	
E.	20A. DATE OF OPERATION 20B. CONDITION FOR W.	HICH OPERATION WA	S PERFORMED				2f. AUTOF	SY? (Yes o	r No)
	2/						Y	es	
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB. UTING CAUSE OF DEATH.	ACE OF INJURY(e.g., orm, foctory, street, office sidewalk	bldg., etc.) INJUR	WHERE DID (II	In Boltimore C	ity, give exo	ct location)		
Σ	22D. TIME (Month) (Dov) (Year) (Hour) 22F.	INJURY OCCURRED	and the second second	IOW DID WON			100		
	OF INJURY (APPROX.) 3-31-71 1:25 P. m. WHI	RK AT WO	WHILE ADD	arently	fell f	rom sc	affold	while	
	23.			di chicij	2022 2	LOIN DC		inting	
	1 certify that I held on Inquiry 1	nspection Aut	opsy 🔯 an	d that on thi	s basis, de	ath In my	opinlon		77
	resulted from: Notural couses Acc	Ident V Suicid	Homici	de 🗌 U	ndetermined	monner [
			CHIE	MEDICAL EX	AMINER [
	SIGNATURE Charles J. John	Tate M.D.	ASSISTAN	T MEDICAL EX	AMINER X			DATE SIGN	IED
	EXAMINER'S Charles S. Sprin		ASSOCIAT	E MEDICAL EX	AMINER [Apr	il 1,	1971	
24/ RE/	A. BURIAL CREMATION, 24B. DATE 24C. MOVAL (Specify)	NAME of CEMETERY	OF CREMATORY	24D. L0	OCATION	(City, town,	ar county)	(Stot	e)
		Crest Lawn		H	oward	Count	y, Ma	rvla	nd
	A. DATE REC'D BY HEALTH DEPT. 258. NAME O			RAL DIRECTO		AL	DRESS	J 1 CD	
	APR 5 1971 Robert E. Jack	ey M.D.		man Sc		3512 I	Freder	rick	Ave
VS	1.51-REV. 3/1/AR								



VS 151-REV. 1/1/68

Burial

25A. DATE REC D BY HEALTH DEPT

-

New Cathedral

258 NAME OF REGISTRAR

0 0 4

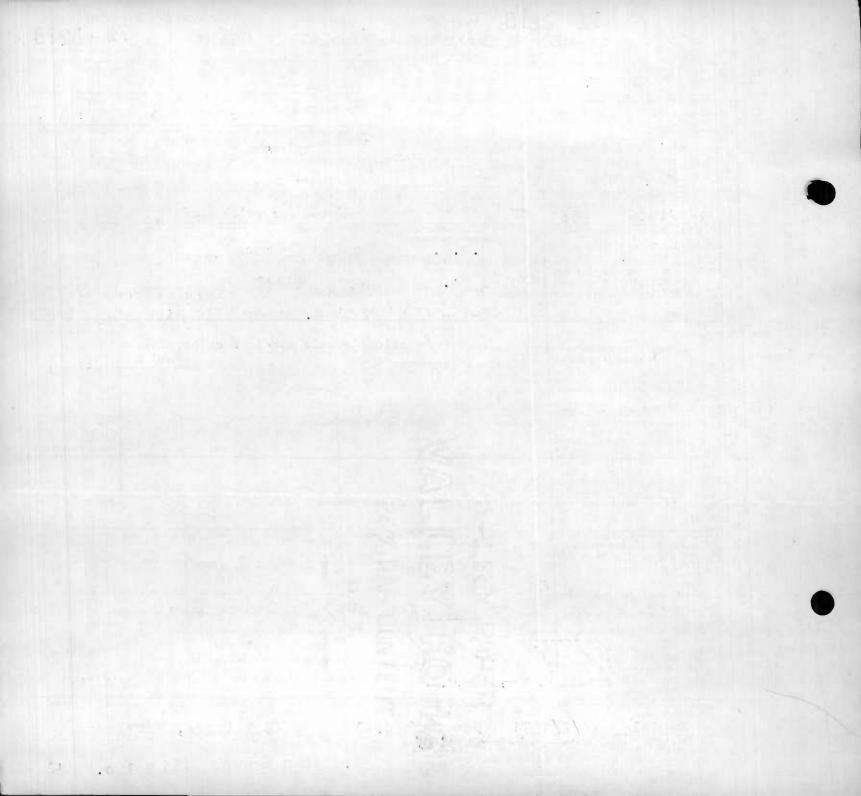
25C. FUNERAL DIRECTOR

Baltimore.

Schwab 5151 Balto Nat'l

Maryland

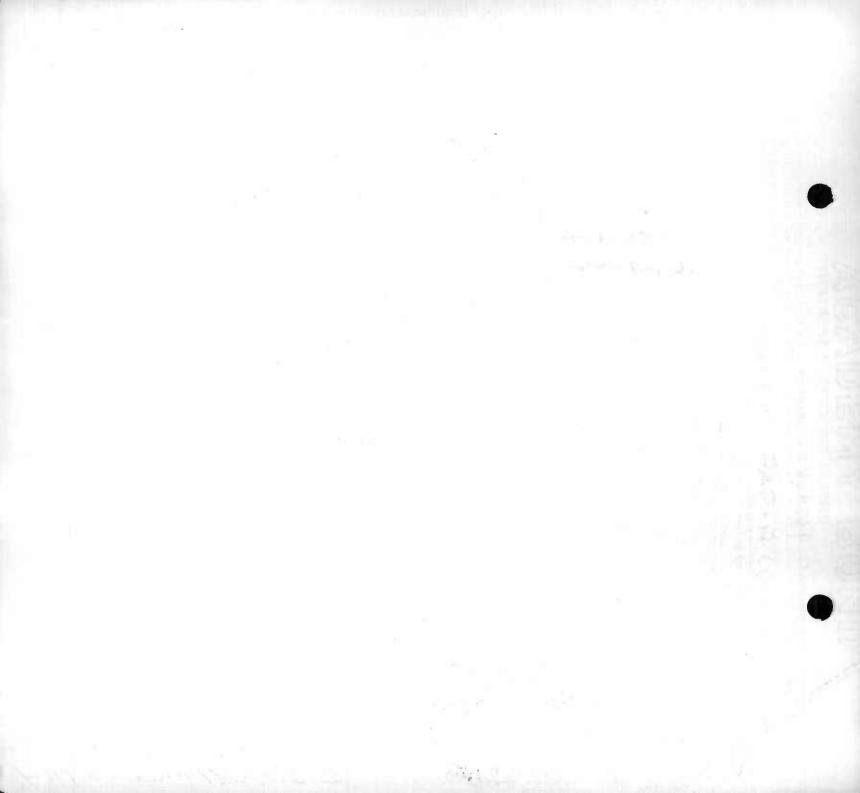
ADDRESS



IMPORTANT

FUNERAL DIRECTOR:

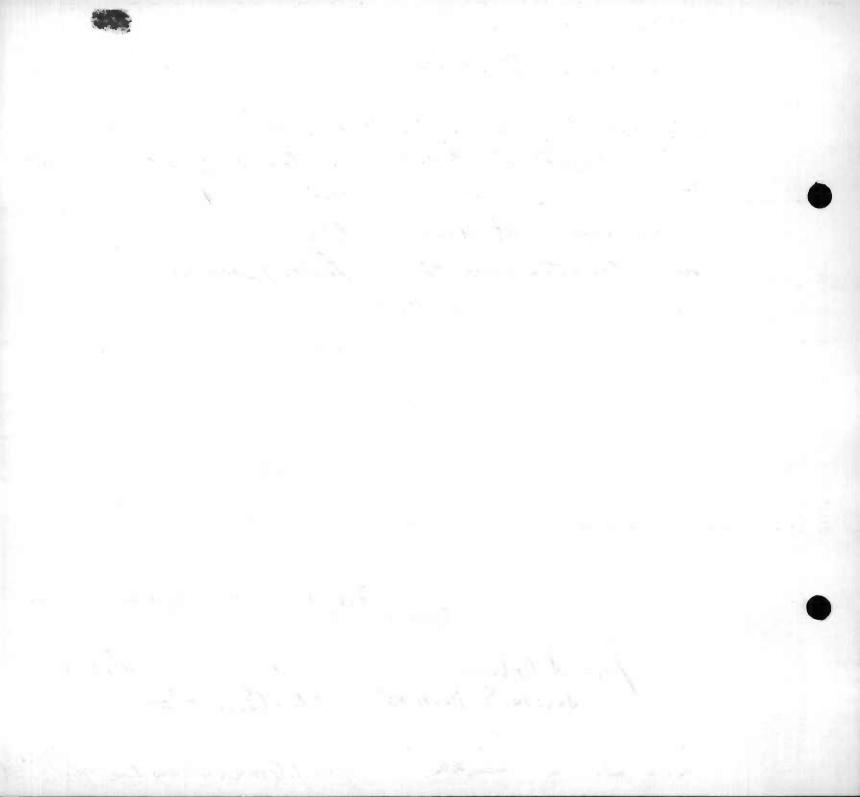
E-430 71 32 BIRTH NO.	PALTIMORE CITY CERTIFICA	TE OF DEATH	REG. NO. 1	3279
1. NAME OF DECEASED ELLIOTT	PILLARD		D HOUR OF DEATH	0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI FULL NAME OF HOSMYAL OR INSTITUTION (IF NOT IN HOSMYAL OR I ADDRESS OR LOGATION)	RONO UNCED DEAD		e deceased lived. Il insti	tution: residence belore admissio
Lutheran Hospital 6	imere imere	Ballimore E. STREET AND NUMBER		YES NO S
Vale WIDO	RRIED NEVER MARRIED X	0-6-09-03	ast blethdoy)	II Under 1 Yr. If Under 24 Hr Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or foreign	/	12. CITIZEN OF WHAT COUNT
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
15. Was Deceased Ever in U. S. Armed Farcas? (Yas, no or unknown) (If yes, give wer or dates of sen	vice) 16. SOCIAL SECURITY NO. 548	17. INFORMANT Liebent	Hospelas	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1This does not mean the mode of dying.	CAUSE OF DEATH (A) IMMEDIATE CAU	Coronary.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
heall failuse, asthenia, etc. It means the distinity or camplication which caused death.) ANTECEDENT CAUSES	ease,	CONSEQUENCE OF:		**************************************
DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION tast.	iving DUE 10, OR AS	unema consequence per	Cachexia	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL			
19A-DATE OF OPERATION 19B CONDITION I	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 & PLACE OF INJURY (o.g., in home, form, foctory, steet, olfi	or obout 21 C. WHERE DID co bldg., INJURY OCCUR?	(Il In Baltimore C	ity, give exact location)
21D.TIME (Month! IDay) IYear) (Hous) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this haspital) attend that (1) (we) last sow the deceased alive		3-26-7/ 19 19-7/ and the		7 19.71 n death accurred on the dat
and hour and from the causes stated above	,	ew the bady after death.	23	B. DATE SIGNED
23C. PHYSICIAN'S NAME (Typo) ASDUL MATIN	DEGREE Phys.	D. ADDRESS	Fel MMa	11/2 Balline
15 muse 32,71	C. NAME OF CEMETERY OF CREA	MATORY 24D. 60	allemore	own, or county) (Stotel
APR 5 1071 P. C. C. Z		25C. FUNERAL DIRECTOR	Bount	come ADORESS



VS 150-REV. 1/1/68



	1	2-211		71	3281		ITY HEALTH DE				
		RIH NO.			OCOI	CERTIFIC	ATE OF	DEATH	REG. NO	7	2024
		pe or Print	nn	(0)	Bi	palale	,	2. DATE AN	D HOUR OF DEATH	71	2,45
	3.	PLACE IN BALT	IMORE MAI	YLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RE	ESIDENCE (Where	e deceased lived. If in	stitution: resid	ence before odmission)
	FU HC	ILL NAME OF OSPITAL OR	(IF NOT ADDRESS	IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	e. CITY OR	argla	nd.	DE CITY LIMIT	551
	X	Hars	all	live	V Mu	ving less	14 10	altin	ene	YES P	NO 🗌
e.	2	13/37	igh	Se	reed.	21230	3530	ND NUMBER	inser	ave.	×29
E	5. 5	SEX T	6. RACE	,	7- MARRIED	NEVER MARRIED	8. DATE OF B	IRTH O	ast birthdov	If Under 1 Months: Do	Yr. If Under 24 His. ys Hours Min.
2	10A	USUAL OCCU	PATION (Give	kind of work	WIDOWED	BUSINESS OR INDUS	RY 11. SIRTHPLA	CE (State or foreig	8/ Syro.	II CITITEN	OF WHAT COUNTRY?
disposition	don	w to team pairub e	orking life, ever	n if retired)	at	Home-	11		gn coonny.	12. CHIZEN	DE VINAL COUNTRY?
051	13.	FATHER'S NAM			1000	7		SMAIDEN NAN	A.E.		· P, N,
s	(fally	De	to	NX	meth)	E'	14 /	Jaces		
5	156	Was Deceased s, no or unknown)	Ever in U.S. Of yes, give t	Armed Forwar or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAL	NT	~ ~ ~ ~ ~ ~	A	DDRESS
= 4		no		_		213-20-92	7 Emma	- Bishay	6-13366	mlo Ir	4-21223
ō		18. 4 DISEASE	OR COND	ITION DI	ECHV	CAUSE OF DE	ATH	-0			PPROXIMATE INTERVAL VEEN ONSET AND DEATH
Det		L	EADING TO	DEATH		(A) IMMEDIATE O	AUSE Caril	rac as	ren -	- 1 /	Julden
E		(This does no heart failure, a	sihenia, elc.	Il means	the disease.		S A CONSEQUEN	CE OF:			
E		injury at camp	NTECEDENT		death.)	X	5 0	1	Queano	_	7
9		DISEASES OF	CONDITIO	NS, if	any, giving	(B) DUE TO, OR	AS A CONSEQUE	NCE OF:			/
2		rise to the UNDERLYING	CONDITION	use (A) I last,	stoling the	(c)					
	z		- 11				(2 0	di	/		>
rer	F	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT REL	ATED TO TH	E TERMINAL	A	entity	·Ch	ron Paper	dyroles,	<u> </u>
e rue	CERTIFIC	19A. DATE OF	PERATION	198 CONI WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTO	PSY? (Yes or No)	208, IF YES, WERE FI	NOINGS CO	NSIDERED TH?
Deror	CAL	21A. ACCIDENT OR CONTRIBUT DEATH (natify n	ING CAUS	EOF	21 B. I home etc.)	PLACE OF INJURY (e. farm, factory, street,	affice bldg., INJU	WHERE DID RY OCCUR?	(If in Boltimore	City, give ex	oct locotion)
5	3	of injury	Month) (Day	(Yeorl	1	INJURY OCCURRED At Not W		HOW DID INTH	RY OCCUR?		
5		(APPROX.)	. (1) (-1	1	Wask	AI Wo	rk L	~		-	
0		that (I) (we) I	nat (1) (this ost sow the	decease	attended the	e deceased fram	1971		7/ to Ceps		19_7/_
2	- 1					(We) (did) (did not			fin(my) (our) opin	ian deoth a	ccurred an the date
		23A. SIGNATUR		0	0 1			/		23 B. DATE SH	GNED
5		23C. PHYSICIAN	nepe	- 1	Blu	DEGREE P	nys.	Med. Director	toff hys.	4/2	171
bro		NAME (Typ	X	Vasi	EPH S	. BLUM ME	23D. ADDRESS	-N.C	S 11-07-6		
0.	24A	BURIAL CREM	ATION, 24B.	DATE	24C.NA	DEGR	REMATORY	24D. LO	CATION (City	, lawn, or co	unty) (Stotel
	3	urul	4	15/7.	Ster	nhanen t	emetery		160	unel	nucl
M	25A.	APR 5	1971		E. Jab	REGISTRAR	250. PUNE	RAL PRECTOR			Adding S
- 17	VS 1	50-REV. 1/1/68						7			, LUCATOR V



	and eath ased the Such	BIRTH NO. 1. 1 3282 CERTIFICATE OF DEATH REG. NO. 71 3282
		THOMPSON, WALLACE G 2. DATE AND HOUR OF DEATH MARCH 31, 1971 11:30A M.
	hos use ; (5) danc de	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
	cau cau	ST. AGNES HOSPITAL RELAY E. STREET AND NUMBER 4905 CEDAR AVE 21227
0	ntrik rmin egul ased	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 1f Under 1 Yr. 1f Under 24 His. Months Doys Hours Min.
	or o	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) BUYER Westinghouse 14. AACTHER'S NAME 14. AACTHER'S NAME
5	1.E.O18	CHARLES THOMPSON EDITH (STRAW)THOMPSON
ORTANI	the the dear	15. Wes Deceosed Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or doles of service) YES WW 2 16. SOCIAL SECURITY NO. 218-07-3192 ST. AGNES HOSPITAL RECORDS
IMPO	medical examiner or his a hedical examiner. Also, if burns; (3) A fracture of any hysician who pronounced an was in regular attenda remains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
•• }		(This does not mean the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR		injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last, (B) DUE TO, OR AS A CONSEQUENCE OF: Phonochypura
AL		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNER	C	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING 1 20B IN LIPY (or a local closer) YES
1		OR CONTRIBUTING CAUSE OF hame, factory, street, affice bldg. INJURY OCCUR?
-	hos nature d (6)	OF INJURY IAPPROX.) While At Not While At Work
	0	22. I certify that (1) (this hospital) attended the deceased fram MARCH 19 19 71 to MARCH 31 19 71 that (1) (we) last saw the deceased alive on MARCH 31 19 71 and that in (my) (our) apinion death accurred on the date
	sed spit east	and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Shaff XX
	- 8 >	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS BALTIMORE, MARYLAND 21229
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL (Specify) BURIAL 4-3-1971 Meadowridge Cemetery Lipshington Blad Howard Co., Md.
4	the bod shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
ř	₹ 5 5 5	ADD 5 1071 P. C. R. F. Jacker, M.D. Howard H. Hubbard, 4107 Wilkens Ave. 21229

2 1 The second of the second

IMPORTANT DIRECTOR: FUNERAL

chief medical

by

approved

and

hospital

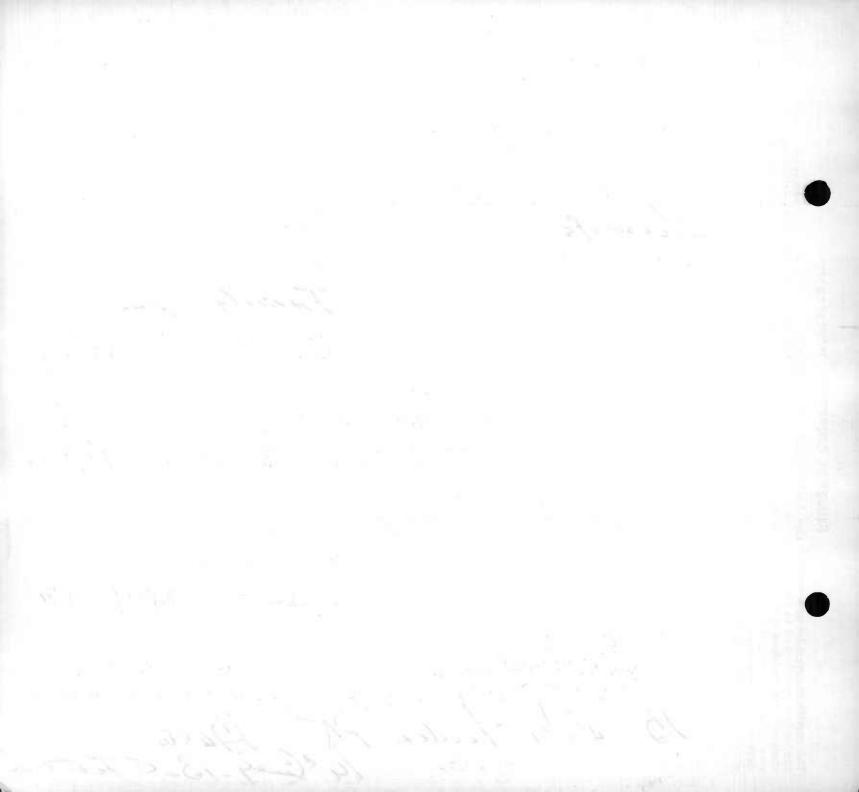
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death

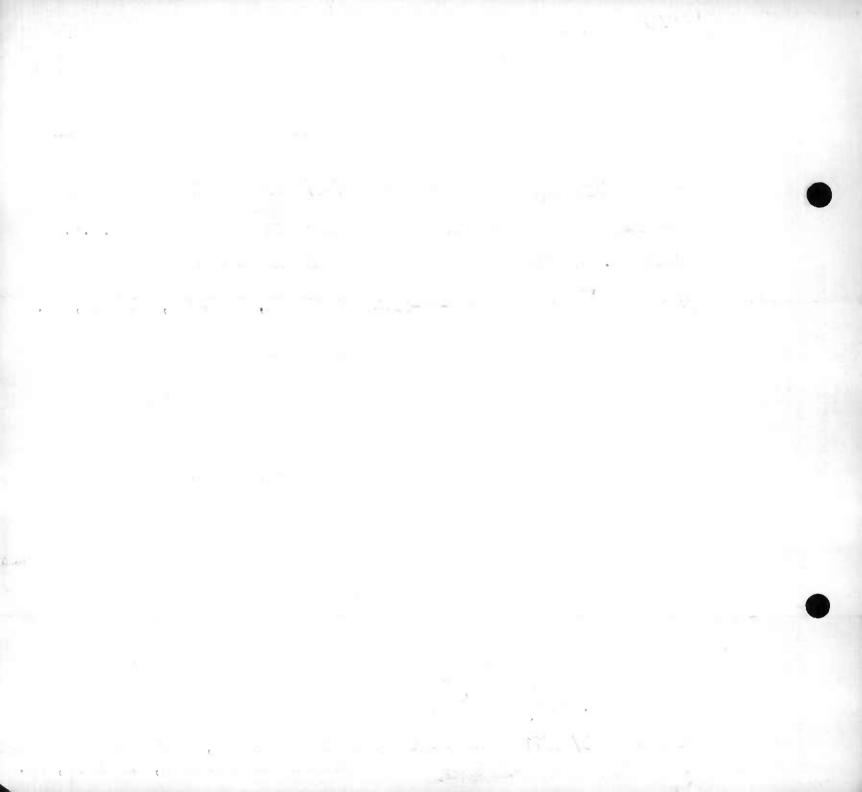
BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission)
A. STATE B. COUNTY D. INSIDE CITY LIMITS? YES P NO 2122 II Under 1 Yt. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRES 0. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A AUTOPSY? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) and that In(my) (our)opinian death accurred on the date 23B. DATE SIGNED [City, town, or county] (State) 2/81 VS 150-REV. 1/1/68

Tolt.91.3 Stirley V-doin Elected A fort watern La govern - of / - mana aut it 1/000 OM PLISTA MOT the themone one the

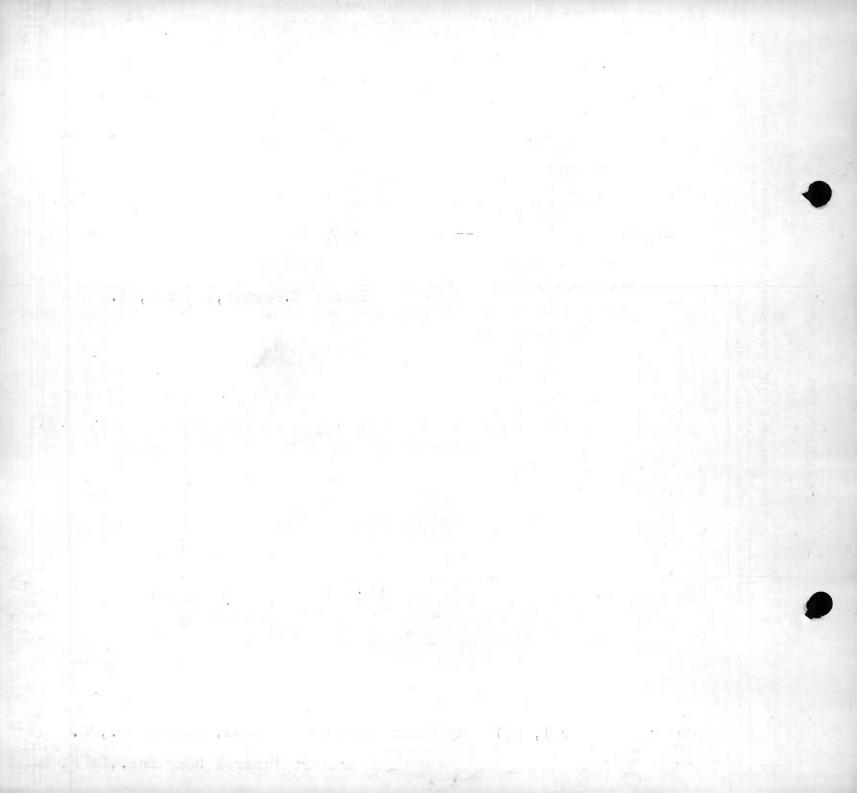
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BALTIMORE CITY HEALTH DEPARTMENT	1 2005								
CERTIFICATE OF DEATH REG. NO	1 3200								
1. NAME OF DECEASED (Type or Print) Beverly Chisley 2. Date and Hour of Death 2. March 1971	1 234 1								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution:	residence before admission)								
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY	5800 ·								
Univ. of Maryland Hospital Rewburg YES [E. STREET AND NUMBER]	n seep								
Negro Midowed Divorced 10/23/1953 last birthdoy 7 Months	der 1 Yr. Il Under 24 Hrs. B Doys Hours Min.								
104 HISHAI OCCUPATION (Cina Lind of marking Miner Occupation Control of the Marking Control of the Control of t	U.S.A.								
WILLIAM R. CHISLEY 14. MOTHER'S MAIDEN NAME MARY LANCASTER									
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	ADDRESS								
NU. 214-60-3362 WILLIAM R, CHISLEY, NEW	WBURG, MD.								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH COMMEDIATE CAUSE DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH								
(This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which caused death.)									
ANTECEDENT CAUSES DE PETITO INTEL ARMANITA									
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last.	na 2000000000000000000000000000000000000								
(C)									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].									
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?								
OR CONTRIBUTING CAUSE OF COLORY, Street office bidg. INJURY OCCUR?	ve exoct locotion)								
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Work Not While At Work									
22. I certify that (1) (this hospital) attended the deceased from 3/2 19 1 to 3/2 that (1) (we) last saw the deceased attended the deceased from 3/2 19 71 and that in (my) (our) apinion dec									
that (i) (we) last saw the deceased alive on									
23A, SIGNATURE 23B, DA Attending Med. Stuff J 3/	TE SIGNED								
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS								
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town,	or county) (State)								
BURTAL 3/29/71 HOLY GHOST CEMETERY TSSUE, MARYLAN 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR MARYLAN	ADDRESS								
APR 5 1971 Robert E. Jaller R.D. AREHART FUNERAL HOME, LE VS 150-REV. 1/1/68									

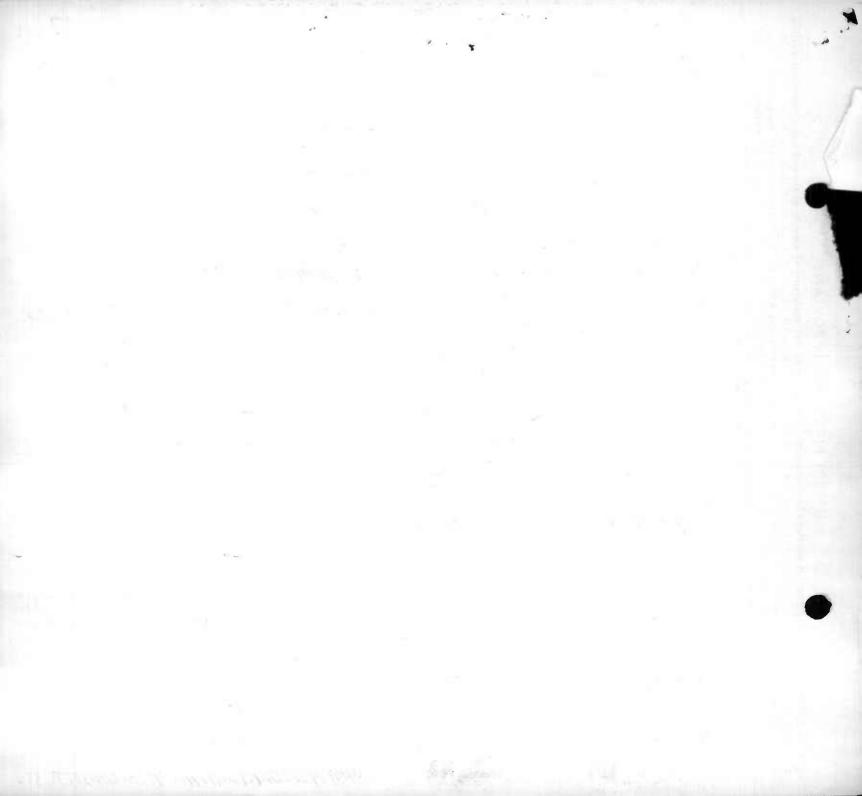


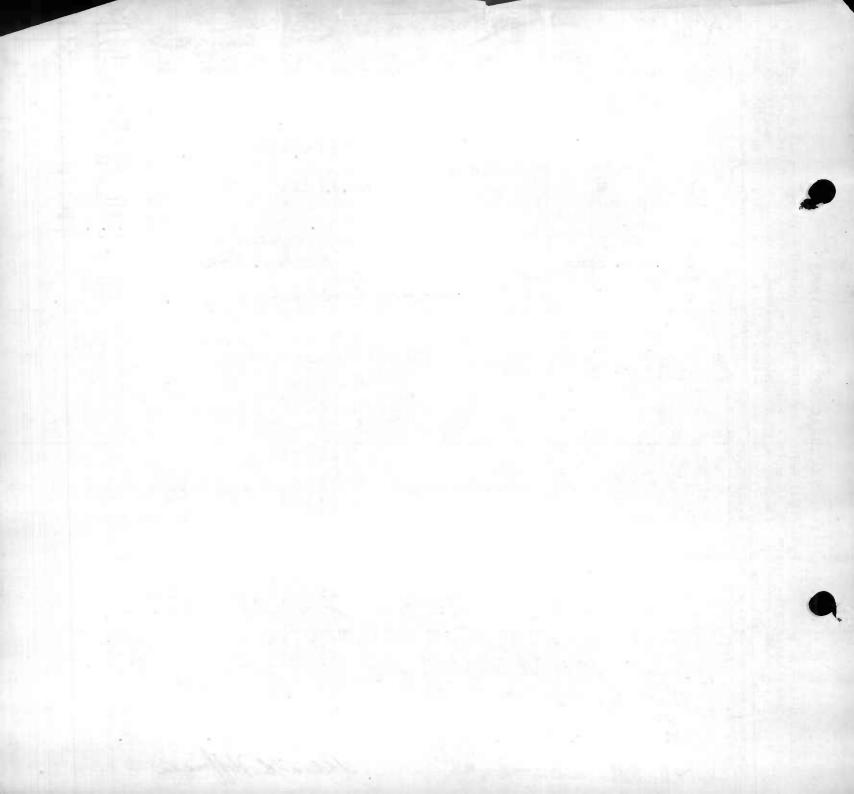
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT						
	- 1	TE OF DEATH REG. NO. 71 3287						
	1. NAME OF DECEASED (Type Print)	2. DATE AND HOUR OF DEATH						
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY						
1	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore 5200 C. CITY OR TOWN D. (NSIDE CITY LIMITS?						
7	University Hospital	Glen Burnie YES NO						
	Lombard & Aren, Baltimore, Md.	E. STREET AND NUMBER 110 Stevens Rd. 21061						
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years (ast birthday) Months Doys Hours Min.						
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working file, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY						
	13. FATHER'S NAME	foland U.S.						
	INCEPH CHILDREN	14. MOTHER'S MAIDEN NAME						
	15. Wos Deceosed Ever in U. S. Affied Forces? 151 SOCIAL	17. INFORMANT ADDRESS						
	(Yes, no or unknown) (If yes, give way or dotes of service) SECURITY NO.	THEODORE SWIECZKOWSKI 110 STEVENS RD						
	18. 9 CAUSE OF DEAT							
	DISEASE OR CONDITION PRECEDED LEADING TO DEATH	Jego Flydo Many						
	(This does not mean the mode of dying eq., DUE TO OR AS the disease	A CONSEQUENCE OF:						
	ANTECEDENT CAUSES	1 & Help .						
	DISEASES OR CONDITIONS, if the giving DUE TO OR AS A CONSEQUENCE OF:							
	use to the obove cause (A) stating the UNDERLYING CONDITION test.	wastried Hebouloge						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN (IN PART 1 (A).	ay / voit defects						
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OFERATION WAS PERFORMED	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 218. PLACE OF INJURY (e.g., it home, form, foctor), street, of etc.)	fice bldg. INJURY OCCUR?						
	O 21D.TIME (Month((Doy) (Yeer) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	(APPROX.) While At Work At Work	" Luch						
	22. I certify that (I) (this hospital) attended the deceased fram	3/6 19 // 10 19 7/						
	that (i) (we) last sow the deceased alive on	and that in (my) (and optinion death accurred on the date						
	and haur and fram the causes stated abave. (1) (We) (did) (did not) v	lew the bady after death. 238, DATE SIGNED						
	Physics Phys	nding Med. Staff C						
		3D. ADDRESS						
	DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	UNIVERSITY HOSPITAL						
	REMOVAL (Specify) 4-17-11 HALV ROLLE	MATORY 24D. LOCATION (Gity, town, or county) (Stote)						
	25A. DATE REC'D BY HEALTH DEPT. 25R, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
	APR 5 BVT CASE E TABLE RE	JOHN M WEBERTSONS INC 4013, CHESTER ST.						

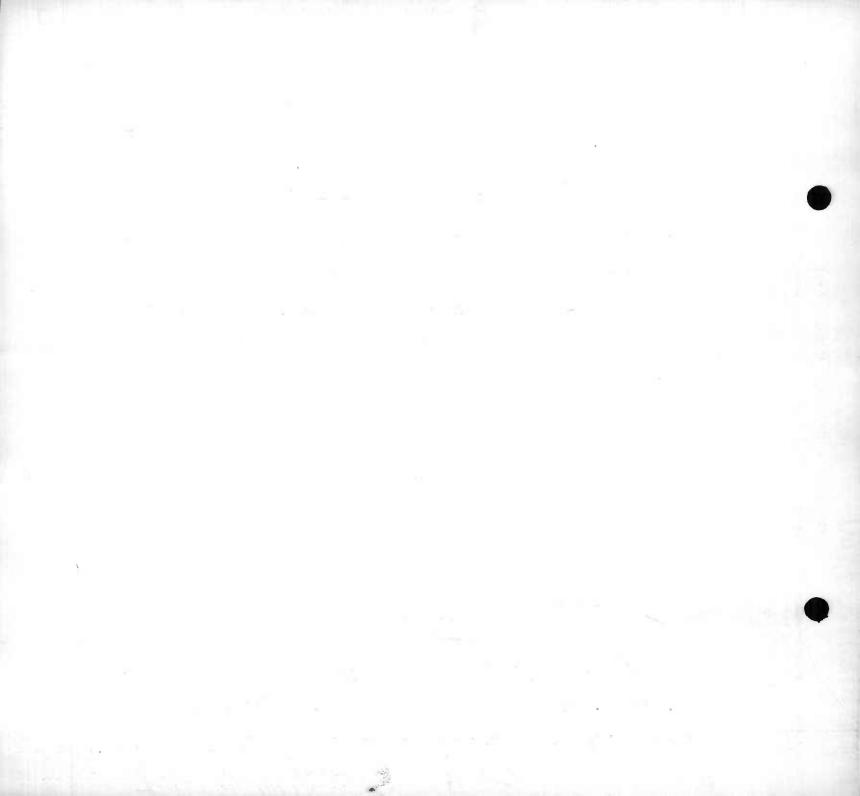




D-660	No. Alleri	3288		TE OF DEATH	REG. NO	71	3289	
1. NAME OF DEC (Type or Print)					AND HOUR OF DEATH		33 FO A	
3. PLACE IN BAL	Anna R. B	UTTLET	UNCED DEAD	4. USUAL RESIDENCE (W	il 1, 1971	1	11:50 A M	
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN	JNIT		903	
14	37		(not)	C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES X NO				
99 Unior	Memorial Ho	spital	(DOA)	e. STREET AND NUMBER	y Road Apr	- D		
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	1 14 11-4- V	Yr. II Under 24 Hrs.	
F	W	WIDOWED		June 9, 1893	77	Manins: De	ys Haurs Min.	
JA. USUAL OCCI	UPATION (Give kind of work working life, even il retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN	OF WHAT COUNTRY	
Housewif				Maryland			USA	
FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME			
Richa	p Edward Ste	ffev		Sarah To	vell			
Wes Deceased	Ever In U. S. Armed Far	?	1 6. SOCIAL	17. INFORMANT	* ***	AI	DDRESS	
No	, 100, give wer or dete	a ui service/	217 07 219h	Wm. Waxter	1705 Winford			
18. 14	0.0		CAUSE OF DEATH		TION HITHORG		PPROXIMATE INTERVAL	
	E OR CONDITION DI	RECTLY			11.1.1	BETY	WEEN ONSET AND DEATH	
	LEADING TO DEATH	var.	(A)IMMEDIATE CAU	SE A.S.C.V.D.	Alpertion	80	real Years	
hearl failure,	of mean the mode of asthenia, etc. It means	the disease.	/··/····	CONSEQUENCE OF:				
injury or com	plication which caused	deoth.)	N.º		11	17		
	ANTECEDENT CAUSES		(B) 1144	Martial Inta	cottin	11	ur ginele	
DISEASES O	R CONDITIONS, if above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF	**********************	*******		
UNDERLYING	CONDITION last.	stating the	(c)					
	11							
DISEASE OR CO	CANT CONDITIONS CO H BUT NOT RELATED TO TO DIDITION GIVEN IN PAR	TERMINAL	****************	Jr.	************************		77-77	
0 4	OPERATION 198, CON WAS PERF	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED TH?	
OR CONTRIBU	TWAS UNDERLYING TING CAUSE OF	21 B. ham etc.)	e, farm, factory, street, aff	or about 21 C. WHERE DID	(ii In Baltime	re City, give ex	oci lacotian)	
21D. TIME OF INJURY	(Manth) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?			
(APPROX.)	parties.	Whi	le At Not While					
22, I certify	that (1) (this hospital			7/14	10 61 13/1	1	•- 07/	
	last sow the deceose		3/24	19 7/ and t	hat in (my) (our) opi	- 1 /	ccurred an the date	
and have and	from the causes stat	ed above. (1	(We) (dtd) (did nat) vi	ew the bady after death.				
23A. SIGNATU	RE /					23 B. DATE SI	GNED	
M	ich, K. m	000	Atten	ding Med.	Staff Phys.	4/2	/71	
PHYSICIAI	N'S pel		2	3D. ADDRESS		1		
Za	chariah Morga	in	DEGREE	10 E. Eager S	Street, Balti	more, M	ld.	
REMOVAL (S	AATION, 248. DATE	24C. NA	ME of CEMETERY of CRE		LOCATION (Ci	ly, lown, or co	unly) (State)	
Burial	3 Apr 7	l Dru	id Ridge Ceme	tery	Pikesville,	Marylan	d	
A. DATE REC'D	BY HEALTH DEPT.	BE. Jal	F REGISTRAR	25C. FUNERAL PRECTO			ADDRESS	
					VI. PUILVU			



0 11		0000	BALTIMORE CITY	HEALTH DEPARTMENT		71 3290
BIRTH NO.	7 11	3290	CERTIFICA	TE OF DEATH	REG. NO.	17 9530
I.NAME OF DE	CEASED				AND HOUR OF DEATH	
(Type or Print)	SARAH	ANN SELLE	ERS		March 1971	1:15 AM
3. PLACE IN BA	ALTIMORE, MARYLAND, V	WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If in	stitution; residence before admission
FULL NAME OF	F (IF NOT IN HOSDI	TAL OR INSTITUT		A. STATE B. COE	INTY	12110
HOSPITAL OR	F (IF NOT IN HOSPI ADDRESS OR LOC	ATION)	ION, GIVE STREET	Maryland C. CITY OR TOWN	In this	1578
4 0				Baltimore	D. 11431	DE CITY LIMITS?
00	1208 W. 42nd	Street	•	E. STREET AND NUMBER		TES EM NO
				1208 W. 42n	d Street	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 His.
Female	White	WIDOWED	DIVORCED	8-25-1884	last birthdoy)	Months Doys Hours Min.
IOA, USUAL OCC	UPATION (Give kind of wor	10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CHIZEN OF WHAT COUNTR
Housew	working the, even it refired)					
13. FATHER'S NA				Maryland		USA
				14. MOTHER'S MAIDEN NA	AME	
Henry				Barbara Bank	ert	
(Yes, no of unknown	d Ever in U. S. Armed For n) (If yes, give wor or dote	rces?	6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	-		211 10 1480D	Lawrence E. Se	ellers 1208 M	1 1,2nd Stroot
18. 11	701		CAUSE OF DEATH		STICIS ISON M	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY	Rooner	estre learlier	Quelue	BETWEEN ONSET AND GEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU		9	3 und
heort failure.	nat mean the mode of asthenia, etc. It means	dying, e.g.,		CONSEQUENCE OF:	*****************	***************************************
injury or cor	mplication which caused	death.)				ł
	ANTECEDENT CAUSES		4-1			1
DISEASES	OR CONDITIONS, II	any, giving	(B)	A CONSEQUENCE OF:		
rise to th	e abave cause (A) G CONDITION lost	slating the				1
ONDERLIN	G CONDITION TOSE		(c)			
Z OTHER SIGNI	II FICANT CONDITIONS CO	NAME OF THE PROPERTY	0	4		
TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINIAL	0° a-1	alaid Fre	med .	2 month
19A. DATE OF	F OPERATION 1198 CON	DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes of N	oll 208 to vee wens s	INDINGS CONSIDERED
OTHER SIGNII TO THE DEA DISEASE OR C	WAS PER	FORMED		30,470 (0,315 (162 0))	IN CERTIFYING CAU	ISES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING	21B, PL	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	III to Roltimore	City, give exoct focotion)
SE ILIZATE IDAGE	UTING CAUSE OF medical examined	home,	ionn, foctory, street, off	ice bldg., INJURY OCCUR?	hi iii poninioi e	City, give exoct locotion)
21D.TIME	(Month) (Doy) (Year)	/Hand 215 Inc				
S OF MARCH	(14tomin (Doy) - (140)	While	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Work	At Work			
22. I certify	that (1) (this hospital	attended the	deceased from A	0R 21	1966 to MA	R 3 1 194,
that (1) (yur)	Past saw the declare	d alive an	THAR 2	2	_	ian death occurred on the date
and hour and	d from the causes stat	ed obove. (1) 0	(did not) vi	ew the body after death.	in the facility of the	00000100 00 100 0016
23A. SIGNATU	JRE //	(a) 7	- () (ala 1101) VI	Doug tiller dedin.		23B DATE SIGNED
	16/1 -	X / V		ding Med.	Stoff	APRI /71.
23 C. PHYSICIA	IN'S / N		DEGREE Phys.		Phys.	1.1.61/11.
NAME (I	ype)		4.	3D. ADDRESS	4 64	
	dwin J. Berst		DEGREE		rt Street	
REMOVAL (MATION, 248. DATE Specify!	24C. NAM	E of CEMETERY OF CREA	MATORY 24D. L	OCATION (City	, town, or county) (Stote)
Burial	3 Apr	71 Lorr	aine Park Cer	metery	dlawn. Halti	more Co. Maryland
25A. DATE REOD	BY HEALTH DEPT.	258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTO		more Co. Maryland
APR 5	19/1 Jaka E	Jaban M		Burgee Fure	al Mome 3631	Falls Rd Balto Md
VS 150-REV, 1/1/	68		- N	DV: X/1/1/1/	Municipal	, 200 May



VS 150-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL

V\$ 150-REV. 1/1/68



	DALES AND CITY	115 4 1511 555 4 554 151 15		E14 0000
(11-252 711	0 = 00	HEALTH DEPARTMENT	250 110	71 3293
W-202 71	3293 CERTIFICA	TE OF DEATH	REG. NO	
I. NAME OF DECEASED		2 DATE AND	D HOUR OF DEATH	v
(Type or Print) ARIE L. W	ASHINGTON	4-7	- 7/	Q <u>53</u>
3. PLACE IN BALTIMORE, MARYLAND, WHE		IA USUAL BESIDENCE (Whom	deceased East 16	institution: residence before admission)
S. PLACE IN BALIMORE, MARILAND, WHE	RE PRONOUNCED DEAD	A. STATE 8. COUNT	TY	institution: residence before odmission)
FULL NAME OF HE NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Md	4	1601
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
	-4 /	Raltimore		YES NO
University Hospie	sl.	E. STREET AND NUMBER		113 110 110
38		1- 1. 1	111-1-	0 4
5 550			NUALE	J 7-
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED		AGE (In years ast birthday)	It Under 1 Yr. It Under 24 His.
V	VIDOWED DIVORCED	5-22-03	45	
10A. USUAL OCCUPATION (Give kind of work 10)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		111	•	
		17d.		
13. FATHER'S NAME	/ /	14. MOTHER'S MAIDEN NAM	\E	
JOHN B WACh	IN a ton	ElizAbEtte	/	1.50
15. Was Deceased Ever in U. S. Armed Forces	2 11/ 2001	CILABETT	FOW	ITER
(Yes, no or unknown) (It yes, give wor or dotes o	f service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	219-20-962	4 MRs Marie	Green.	
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
0 60		•		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY	0.1		1 6.
1This does not mean the mode of dy	(A)IMMEDIATE CAU			6 Julies
heart foilure, osthenio, etc. Il means the	e diseose,	CONSEQUENCE OF:		1
injury or complication which coused de	oth.)	1	1.1.	2
ANTECEDENT CAUSES	Jose 9	p lugual l	fection	and
DISEASES OR CONDITIONS, if ony	(B) DUF TO OR AS	A CONSEQUENCE OF:	Little de	***************************************
rise to the above couse (A) sle	, 3,,,,,3	+- 1st-	can .	
UNDERLYING CONDITION last.	(c) Dile	element we	the pert	The Total Samuel Control
11			V. C	
OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING			
TO THE DEATH BUT NOT RELATED TO THE T	TERMINAL			
19A. DATE OF OPERATION 1198, CONDIT		20A. AUTOPSY? (Yes or No.)	20B. IF YES. WERE	FINDINGS CONSIDERED
# 1 2-11-71 WAS PERFOR	MED 196	YE5		AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	verticulities		100 - 5 100	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	ice bldg., INJURY OCCUR?	(It in Boltime	ore City, give exoct location)
DEATH (notify medical examiner)	etc.)			
21D-TIME (Month) (Doy) (Year) (H	Hour 21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	· ·
OF INJURY (APPROX)	While At Not While			
(APPROX)	Work At Work			
22. I certify that 🐧 (this haspital) a	ttended the deceased fram	2-2-	9 <u>Z/ta</u>	4-2 1971
that (1) (wa) last saw the deceased of				Inter death account to state to a
			in (my) (out) at	oinlan death accurred an the dote
and have and from the causes stated	abave. (f) (We) (did) (did not) vi	lew the bady after deoth.	× .	-
23A. SIGNATURE	0 11			23B, DATE SIGNED
millial 8. 1	Millians M. Alter	iding Med.	Stoff Phys.	4-2-71
23C.PHYSICIAN'S	DEGREE Phys	Director L 5	nys. —	
NAME (Type)	P 1/ 1/ +	All was to the	Hospital	7
Michael 1. L	SUCHNESS 7, 2	· morrary		
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, town, or county) (Stote)
REMOVAL (Specify)			151	
Burial 4/7/71	ARBUTUS MEM PA	RK B	altimore	Md
25A. DATE REC'D AY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	B. NAME OF REGISTRAR			



1/2/-1/218 7/2 z. (Charles Emilyana

YES

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25C. FUNERAL DIRECTOR

ADDRESS

Kenneth H. Law, 4609 Park Heights Ave.

258, NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT

VS 151-REV, 1/1/68

Arbutus Mem. Park

25C. FUNERAL DIRECTOR

258_ NAME OF REGISTRAR

Baltimore, Maryland

Kenneth H. Law 4609 Park Heights Ave.

ADDRESS

Burial

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPI.

3-28-3-28 871

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VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO 1. NAME OF DECEASED DATE Day Known | Month Yeor Hour (Type or Print) OF IVAN K. WILLIAMS Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET March 31, 1971 HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission) A. STATE B. COUNTY 853 Park Avenue Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Male Negro Baltimore WIDOWED DIVORCED YES X NO L 9. DATE OF BIRTH 10. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months: Doys: Hours: Min. E. STREET AND NUMBER 9/7/48 853 Park Avenue 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT SQUNTRY? West Palm Beach, Fla Ivan Sweeting 4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME neduring glost of working life, even if retired) School Alberta Blue 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT 113 WillowAPPRESS securiy no. 516 489 6403 Mrs Alberta Blue Hempstead, L. I., N Y (Yes, no or unknown) (if yes, give wor or dotes of service) CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Cerebro-cranial injuries (This does not mean the mode of dying, e.g., heart foilure, osthento, etc. it means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If In Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. Home 853 Park Avenue OF INJURY (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Month) (Year) WHILE AT NOT WHILE (APPROX.) Beaten by unknown assailant I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my opinion resulted from: Notural couses Accident L Homicide X Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S**

Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER April 1, 1971 NAME (Type) 24A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial 4/6/71 Glenwood Cemetery West Palm Beach, Florida 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR **ADDRESS** 25C. FUNERAL DIRECTOR Mortom & Dyett F H. Baltimore. Md 21217 VS 151-REV. 1/1/68

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P-142 71 3301 CERT	TIFICATE OF DEATH REG. NO. 12 3301
	HEICATE OF DEATH
IRTH NO. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print)	
Lucious Peeples (People	
L PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY
THE NAME OF SE MOT IN HOSBITAL OF INSTITUTION CIVE O	MAnyland // 5
ULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE S OSPITAL OR ADDRESS OR LOCATIONI STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
2509 Lauretta Avenue	Baltimore YES NO
	E. STREET AND NUMBER
	2509 Lauretta
SEX 6. RACE 7. MARRIED NEVER MA	ARRIED X 5. DATE OF BIRTH 9. AGE (in years II Under 1 Yr. If Under 24 Hrs. Months! Days Hours; Min.
M 1 N =	Sept 8, 1895 lost birthday Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR	
no during most of werking life, even if refined) [/	The sixth and the sixth of which couldn't
N/A N/A	Sumpter, S. C. U. S. A.
FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	Sarah Pringle
Charles Peeples	
Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY	17. INFORMANT ADDRESS
214-20-	
6000	OF DEATH 1 APPROXIMATE INTERVAL
18. 4/2, 13 CAUSE	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	(1)
LEADING TO DEATH	MEDIATE CAUSE UN KNOWN UN KNOWN
This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	E TO, OR AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	espir Atony Insufficiency Unknown
(8)/	espill Holly - Will Hilleneul Inknows.
DISEASES OR CONDITIONS, If any, giving	E TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the	e to, pr as a consequence of: - ctopics closelic / kerst Wis. Unknow
	eto, prasa consequence of: Ptopiosoferatic (Kerrt Mis. Unknow
nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	eto, prasa consequence of: Ptorios depolic (Kerrt Wis. Unknow
nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	Ptorios derdic (KART Wis. Unknow
ise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	RTORIOS SERVIC (KEART WIS. Unknow
ise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	RTORIOS SERVIC (KEART WIS. Unknow
nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	Ptorios deposic (Kerst Wis. Unknow
other significant conditions contributing to the DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERA WAS PERFORMED	ATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITION GOST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 221B. PLACE OF IN PART 1 [A].	ATION 20A AUTOPSY? (You or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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other significant condition last. Other significant conditions contributing to the Death but not related to the terminal disease or condition given in Part 1 (A). 134. Date of Operation 19th condition for which operation or contributing Cause of Death (notify medical examined) 214. Accident was underlying 215. Place of in home, forting cause of Death (notify medical examined) 215. Time (Month) (Doy) (Year) (Hour) 215. INJURY Occidents in the condition of th	ATION 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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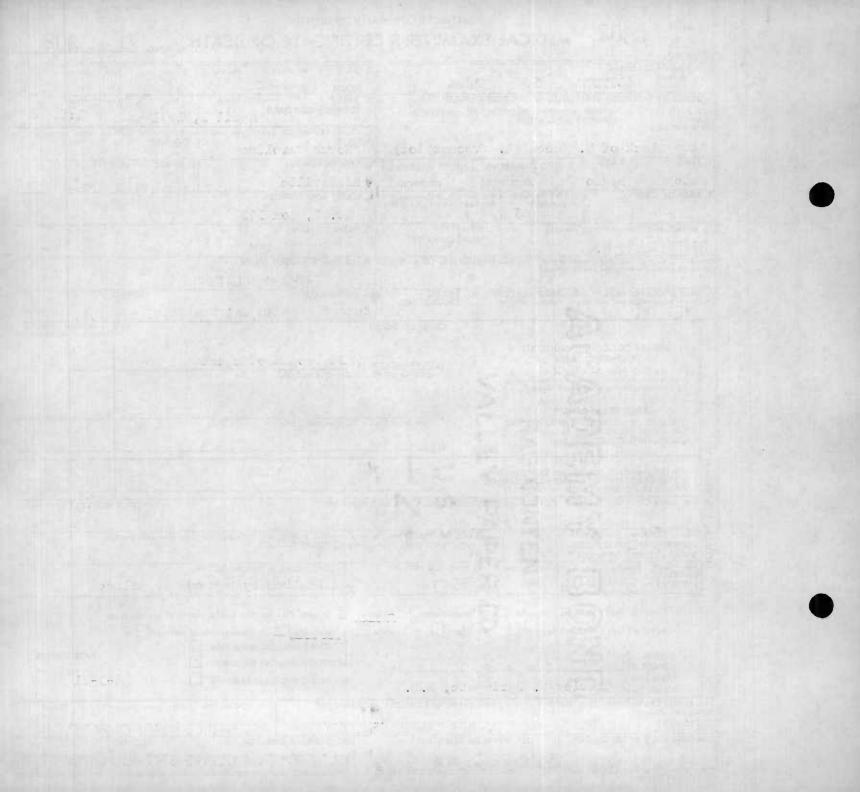
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71 3302 MEDICAL EXAMINER'S CEI		1 3302
1. NAME OF DECEASED	DATE Known Month Day	Yeor Hour
(Type or Print) CLITETON C ASHE	OF Estimoled	11007
	DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD April 3, 1971 USUAL RESIDENCE (Where deceased lived. If institution: re	1:58 A
400 Block of N. Green St. (vacant lot)	STATE B. COUNTY North Carolina	V-30
6. SEX 7. RACE B. MARRIED NEVER MARRIED C.	CITY OR TOWN D. INSIDE CITY	LIMITS?
	Riedsville YES	□ NO □
9. DATE OF BIRTH 10.AGE (In years # Under 1 Yr. II Under 24 Hrs. E. Months Doys Hours Min.	STREET AND NUMBER	
11-8-26	Rt. 2, Box 345	
	FATHER'S NAME	
RIEDSVILLE, N.C. WHAT COUNTRY?	EUGENE ASHE	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15.	MOTHER'S MAIDEN NAME	
done during most of working lile, even If retired)	BERTHA Mc CLAIN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18.	INFORMANT ADDR	RESS
(Yes, no or unknown) (II yes, give wor or dotes of service) YES WW 11		
19. CAUSE OF DEATH	JGENE ASHE JRRT 8 RIEDSVILL	APPROXIMATE INTERVAL
C7001		BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Stabround of chest	
I like does not mean the mode of dular e.g.	E Stabwound of chest	
heart foilure, ostherio, etc. It means the disease, Injury or complication which coused death.)	LONSEQUENCE OF:	
ANTECEDENT CAUSES (B)		
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I UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS P		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 21	. AUTOPSY? (Yes or No)
02		Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or	obout 22C. WHERE DID (If In Boltimore City, give exact to	
UNDERLYING OR CONTRIB- home, figrm, foctory, street, office bld	p., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) ? WHILE AT NOT WHILE AT WORK AT WORK		1 ant
m. WORK AT WORK	K Stabbed by dikilowii assai	Lanc
I certify that I held an Inquiry Inspection Autops	y 🗓 and that on this basis, death in my opi	nlan
resulted from: Notural causes Accident Suicide		and the second s
	CHIEF MEDICAL EXAMINER	
ACTUAL ()	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.		/ 0 71
NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER	4-3-71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C	REMATORY 24D. LOCATION (City, town, or	county) (State)
REMOVAL (Specify) REMOVAL 14-4-71 JONES CHAPEL CEM		
REMOVAL JUNES CHAPEL CEM 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	TERY RIEDSVILLE-NORTH	
230, NAME OF REGISTRAK	25C. FUNERAL DIRECTOR ADDR	(E)

ARLINGTON S, PHILLIPS-1727-N. MONROE ST

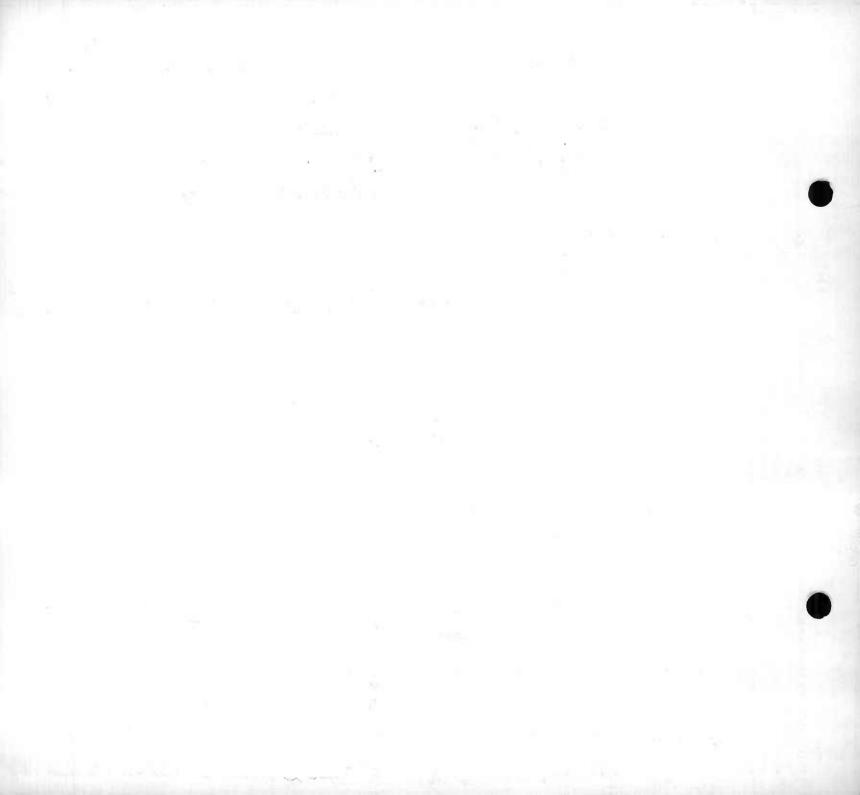
Pallet E. Faber MA.

VS 151-REV. 7/1/68



MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

BIF	/1 ath no.	3303	MED	ICAI	EXAMIN	IER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	71	3303
	NAME OF DEC	CEASED					2. DATE	Known 🔯	Month	Day	Year	Hour
(Туі	oe or Print)	ROBER	r		DEAN		OF	Estimated 🗆	April			2:10 A M.
4	PLACE IN BAL			HERE P	RONOUNCED DE	AD	3. DATE	Cimilates 🗀	Month	Doy	Yeor	Hour
	L NAME OF				TITUTION, GIVESTR		III .	UNCED DEAD			Teor	
HO	SPITAL	ADDR	ESS OR LOCAT	ION)					April	3, 1971		2:10 A M.
OK	NOITUTITZMI							ESIDENCE (When			: residence	before admission)
Z	Sinai Ho	spital					A. STATE	Maryland		B. COUNTY	10	207
-	SEX	7. RACE		B. MARDI	RIED NEVER M.	ADDIED T	C. CITY OF			D. INSIDE CI	TY LIMITS?	
M	-1 -	37										
	ale	Negro	110 1 05 /			ORCED	Balti			YI	ES 📗	ио Ц
٧. ا	DATE OF BIRTI	H i marana	10.AGE (In	yeors	If Under 1 Yr, If Und		E. STREET	AND NUMBER				
1	11-21	-1950		20			2924	Mosher S	t.			
11.	BIRTHPLACE (S	tote or lore	gn country)	1	12. CITIZEN OF		13. FATHER					
1	Sant.		in	N.	WHAT COUN	TRY?	130	: Our A	on m			
140	USUAL OCCU	PATIONIG	us blad of week!	AR KINI	O OF BUSINESS OF	P INDUCTO	115 MOTHE	D'S MAIDEN NA	11			
dan	during most of w	orking life, e	ven If retired)	0	A BUSINESS U	A TOUSIK	MOTHE	K 3 MAIDEN NA	F1 1	1/-		
	Japa	asel		124	blikene &	Heel Co	Uns	utte x	JELA	sen		
	WAS DECEAS						18. INFOR	MANT	1, 00	/ Al	DRESS	0-0 /
11.61	, no ar unknown)	(If yes, give	wor ar dotes o	r service	SECURIT	1 9991	1/1m	rioch 1	1411	1- 10	79.11	Mushers
	19.	110			CAU	SE OF DEA	TU	W. J.	1 just	had d	27	PPROXIMATE INTERVAL
	5.0	411			CAU	SE OF DEA	in					WEEN ONSET AND DEATH
	DISEAS	E OR CON	DITION DIREC	TLY								
		LEADING T	O DEATH		(ANI	MMEDIATE C	AUSE Int	ravenous	narcot	ism		
	(This daes n	at mean the	made of dyi	ng, e.g.,			S A CONSEC	UENCE OF:				
			c. It means the tch coused dea								25	
		NIECEDENI			(B)							
	RISE TO THE	OR CONDIT	IONS, IF ANY,	GIVING	D	UE TO, OR	AS A CONSE	QUENCE OF:				
_	UNDERLYIN	G CONDI	ION LAST.	110 1112							2 3	
CERTIFICATION					(c)							
17	OTHER SIGN	IEICANT CO	NDITIONS CO	MITDIDII	TINIC							
Q	TO THE DEA	ATH BUT NO	T RELATED TO	HE TERM	UNAL							
쁜			GIVEN IN PA				**************					~~~~~~
꼾	20A. DATE OF	OPERATIO	N 208. CON	DITION	FOR WHICH OPE	NOITAS	S PERFORM	ED			21. AUTO	PSY? (Yes ar No)
	2						1					Yes
EDICAL	22A. EXTERI	NAL CAUSE	WAS		228. PLACE OF IN	JURY (e. a.,	tn ar obaut 2	2C. WHERE DID	/II In Balttmar	City, alve eva		
읽	UNDERLYING	OR CON	ITRIB-		home, lorm, foctory,	street, offic	bldg., etc.) l	VJURY OCCUR?	(ii iii ballimai	ony, give exc	er rocanony	
	UTING CA											
	OF INJURY	(Month)	Day) (Year)	(Hou				2F. HOW DID IN	IJURY OCCU	R?		
	(APPROX.)				m. WHILE AT	TON AT W	WHILE					
	23.											
	I cert	Ify that I h	eld on In	quiry [Inspection	Au	opsy X	and that on	his basis.	death in my	opinian	
	annul 4	and diame. It	Natural caus	-	Accident [micide 🗌			7	
	result	ea from: 1	Adioral caus	es LA	Accident	Suicid				ed manner L		
	ACTUAL	(1)	1 10	1	1 -	77		CHIEF MEDICAL	EXAMINER			DATE SIGNED
	SIGNATI	IRE (rails.	J, c	Munga	C M.D	ASSI	STANT MEDICAL	EXAMINER 3	KX.		DAIL SIGNED
	EXAMINI	ER'S			1/			CIATE MEDICAL	EXAMINED		4-3	-71
	NAME (T	ype) Cha	rles S.	Spr	ingate, M	. D.	7.30	CIAIL MEDICAL			T 3	
24/	BURIAL CREA	AATION.	24B. DATE		24C. NAME of		or CREMATO	RY 24D	LOCATION	(City, town	, or county) (Stote)
RE	MOVAL (Specif	//	11/5	111	PI	1 4	,		1 1.1	1 4	,,	00
1	teman		4/0/	11	Malan	d D	ellu	TU	estla	with		TH.
25	. DATE REC'D	BY HEALTH	DEPT.	25B. N	IAME OF REGISTR	AR	25 Cm	UNERAL DIRECT	OR , //	- Al	DDRESS	
1			ma 0 4	- 0	70	•	1//	11 1	.1 1/1	11 11	10	
	APR	F 40	(1) (1)	6 6	Jaben K.	B	1///	VIII AND	11 111	11/1/ 11	TAMY	Manage m



(Type or Print)	ROBERT	P. A	DER		2. DATE Known COP DEATH Estimoted	Month	Doy	Yeor Hour
FULL NAME OF	(IF NO	LORINS	RONOUNCED DEAD TITUTION, GIVE STREET	PRONOUNCED DEAD Month Doy Yeor Hour 1:25				
O 6127 Parkway Drive					A. STATE Maryland Maryland Maryland Maryland Maryland			
6. SEX	7. RACE		8. MARI	RIED MEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY	LIMITS?
Male	White		WIDOV	VED DIVORCED	Baltimore		YES	X NO
				If Under 1 Yr. If Under 24 Hrs. Months, Dovs, Hours, Min.	E. STREET AND NUMBER			
Mar.13	3,1900	Tosi biring o	71	Monnis Doys Hoors Mini.	6127 Parkway Drive			
11. BIRTHPLAC	E (State or forei	gn country)		12. CITIZEN OF	13. FATHER'S NAME			
Bal	Baltimore, Md. WHAT COUNTRY? USA				Robert Jacob Auer			
14A.USUAL OC	CUPATION (GI	e kind of work	148. KINI		15. MOTHER'S MAIDEN NA	ME		
Elec.	Engine	en irrenrea)	Ele	ctrical	Ida Wah	7		
16. WAS DECI	ASED EVER IN	U.S. ARMED	FORCE	S? I7. SOCIAL	18. INFORMANT : wido	W	ADD	RESS
Yes	own) (If yes, give WM	_	of service	SECORITY NO.	Mrs. Aline S.		/ E. 3	2nd.St.,E
19.	0.0.			CAUSE OF DEA			4 200	APPROXIMATE IS
DIS	ASE OR COND	NITIONI DIDE	TIV	Hyperte	ensive cardiovaso	ular d	isease	1
013	LEADING TO		-111	(A)IMMEDIATE O				
(This do	s not meon the lure, osthenio, etc	mode of dy	Ing, e.g.,		AS A CONSEQUENCE OF:			
injury or	complication whi	ich coused dec	th.)					
	ANTECEDENT	CALISES		(2)				
DISEAS	ES OR CONDITI	ONS, IF ANY	GIVING		AS A CONSEQUENCE OF:			
RISE TO UNDER	THE ABOVE CALVING CONDIT	USE (A) STAT	ING THE					
2				(c)				
OTHER S TO THE DISE ASS	IGNIFICANT CO DEATH BUT NO OR CONDITION	T RELATED TO	THE TERM	INAL				, w w w w w w w w w d d d d d d d d d d
T DISE ASE								
DISEASE 20A. DATI	OF OPERATIO	N 208. CON	NOITION	FOR WHICH OPERATION W	AS PERFORMED		2	21. AUTOPSY? (Yes

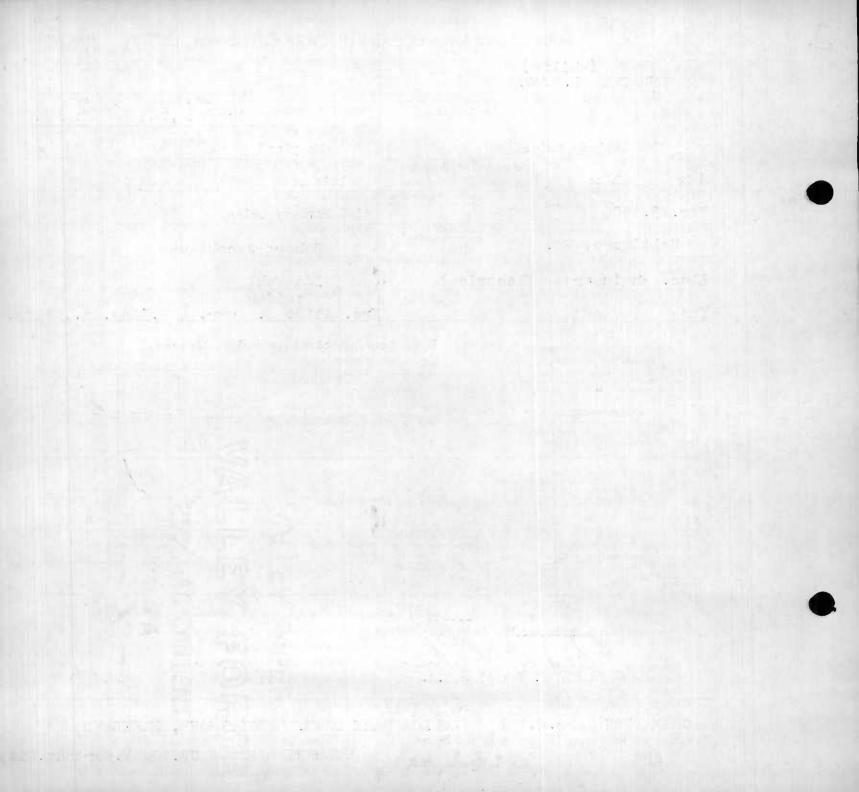
(APPROX.) I certify that I held an Inquiry Inspection 🗵 Autopsy and that on this basis, deoth in my apinian resulted fram: Natural causes X Hamicide ___ Accident Suicide __ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Ronald N. Kornblum, M.D. 3/31/71 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY (City, town, or county) 24D. LOCATION (Stote) Apr. 2, 1971 LOUDON PARK CREM. BALTIMORE, MARYLAND 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

23.

Let E, Jaber M.D.

& MOWEN CO.108 W. NorthAv. City



deceased 0.0

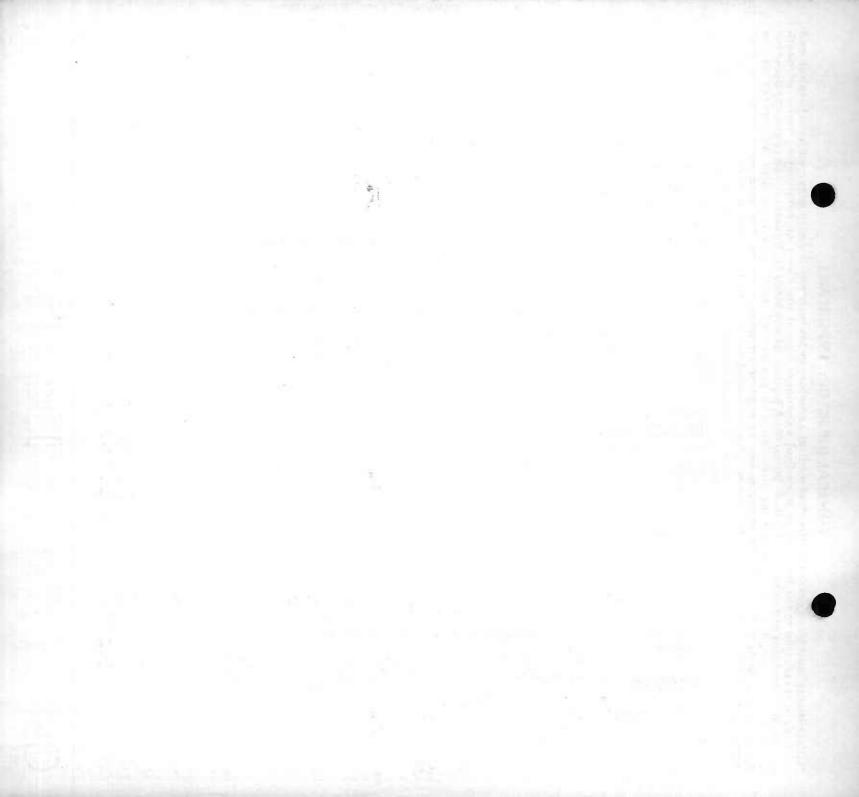
VS 150-REV. 1/1/68

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the body shows:

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 3306 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) APRIL 2ND1971 DONNA BROWN 5.05 AM USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND BALTIMORE CITY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **FULL NAME OF** HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE YES IX NO JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER 902 McDONOUGH STREET . DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years If Under 24 Hrs. If Under 1 Yi. MARRIED NEVER MARRIED lost birthdoy) 15 Hours 23-55 FEMALE NEGRO DIVORCED WIDOWED ICA USUAL OCCUPATION (Give kind of work TOR KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VERNON BROWN MARTHA JONES 15. Was Deceased Ever in U. S. Armed Ferces? (Yes,no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS & SOCIAL SECURITY NO. Brown- 902Mc DONOL No CAUSE OF DEATH APPROXIMATE HATERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 119% CONDITION FOR WHICH OPERATION 20A AUTOPSYT (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERPORMED 218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Baltimore City, give exact location) MEDICAL DEATH (notify medical examined (Month) (Day) (Year) (Hous) 21 F. HOW DID INJURY OCCUR? 21 E INJURY OCCURRED OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred an the date that (I) (we) last saw the deceased alive on, and hour and from the causes, stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Director Phys. DEGREE 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) (State) 248 DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRE

& E. Jaber



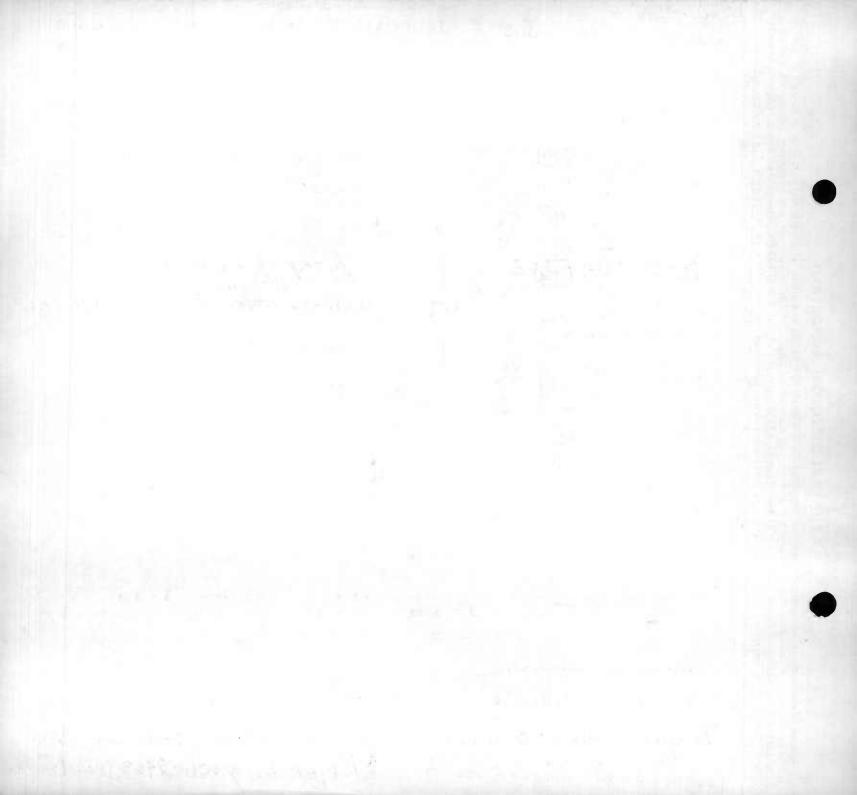
0 15			BALTIMORE CITY	HEALTH DEPARTMENT		74 2207
4-425 BIRTH NO.	71	3307		TE OF DEATH	REG. NO	71 3307.
1. NAME OF DEC (Type or Print)		D POULSON			AND HOUR OF DEATH	8:50 p.
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUN	CED DEAD		here deceased lived If in	stitutions residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTITUTI	ON, GIVE STREET	Maryland	Special C	1502
m	Providen	t Hospital	. Inc.	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
39		erty Heigh		Baltimore E. STREET AND NUMBER		YES X NO
_/	Balto.,M	aryland 21		1623 McKean		
Male	6. RACE Negro	WIDOWED	NEVER MARRIED DIVORCED K	8. DATE OF BIRTH 4-6-03	9. AGE (in years 67	If Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCL	PATION (Give kind of w	ork 108, KIND OF BL	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
Utility	vorking life, even it retired			Balto.,Marylar	nd	U.S.A.
13. FATHER'S NAM	of Poul	5011		14. MOTHER'S MAIDEN N	D/2500	
5. Was Deceased	Ever in U. S. Armed	orces? 16	• SOCIAL	17. INFORMANT	014370	ADDRESS
res, no of unknown?	of yes, give wor or do	otes of service)	SECURITY NO. 18-10-4119	Mrs. Mildred (Cooper- sister	
18	1.0		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEAS	E OR CONDITION	DIRECTLY		1	16 T. A.	BETWEEN ONSET AND DEATH
	LEADING TO DEAT	•	(A)IMMEDIATE CAL	Lerminal A	spalle Con	ma 3 days
(This does no	of meon the mode asthenia, etc. If meon	of dying, e.g.,		A CONSEQUENCE OF:	-/	
injury or com	plication which cous	ed death.)	_	0		2
A	NTECEDENT CAUS	ES	45	genner (1	Robertes	(10 GM. +
DISEASES O	R CONDITIONS, il	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	occurry,	. 10 J T
rise to the	above couse (A					
UNDERLYING	CONDITION last.		(c)	***************************************		
OTHER SIGNIFI	CANT CONDITIONS C BUT NOT RELATED TO	ONTRIBUTING	•			
DISEASE OR CO	NDITION GIVEN IN P	ART 1 (A).				
		RFORMED	CH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examined	21 B, PL/ home, etc.)	ACE OF INJURY (e.g., in interpretation of the control of the contr	or obout 21 C. WHERE DID	(It In Boltimore	City, give exact location)
OF INJURY	(Month) (Doy) (Yeo	Hour 21E IN	JURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)		While	At Work			
00 1		Work	- 21 HVIK	-	71	71
The second secon			leceased from Ma	-	_19 /1 ta Marc	19/1
	last saw the deceo:					ion death occurred on the date
and have ond	from the causes st	ated above. (1) (4	(e) (did) (did not) v	lew the body after death	le .	
23A. SIGNATUR	IE /	10-	144 0			238. DATE SIGNED
	1/2ms)-	Bu,	VVI. D. Alte	nding Med. Director	Staff Phys. X	3-30-71
23C. PHYSICIAN NAME (Ty	VS /			3D. ADDRESS	rilys, de-	3
NAME (Ty	DR. VENI	FDA ALIA	$\mathcal{M}(I)$	4.	of ohte Avo D	elto- Md. 21215
4A. BURIAL CPFA	MATION IZER DATE		DEGREE			alto.,Md. 21215
REMOVAL (S	MATION, 248. DATE	24C, NAM	OF CEMETERY OF CRE	MATORY 24D.	LOCATION	, town, or county) (State)
BURIA	11-2	-7/1/H.	HUBURNI	Cemeters	BAHIMORE.	1/1/
SALDATE REC'D	BY HEALTH DEPT.	25B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTO	R Very W R. B	AI/e ADDRESS //
APR 5	1971 Vale	BE. Jaban	KD.	Kelson FUN	erp/ Home	1348 N. (n/hours
S 150-REV. 1/1/6				THE PARTY IN THE P	NATIONIE.	N DOLLING W

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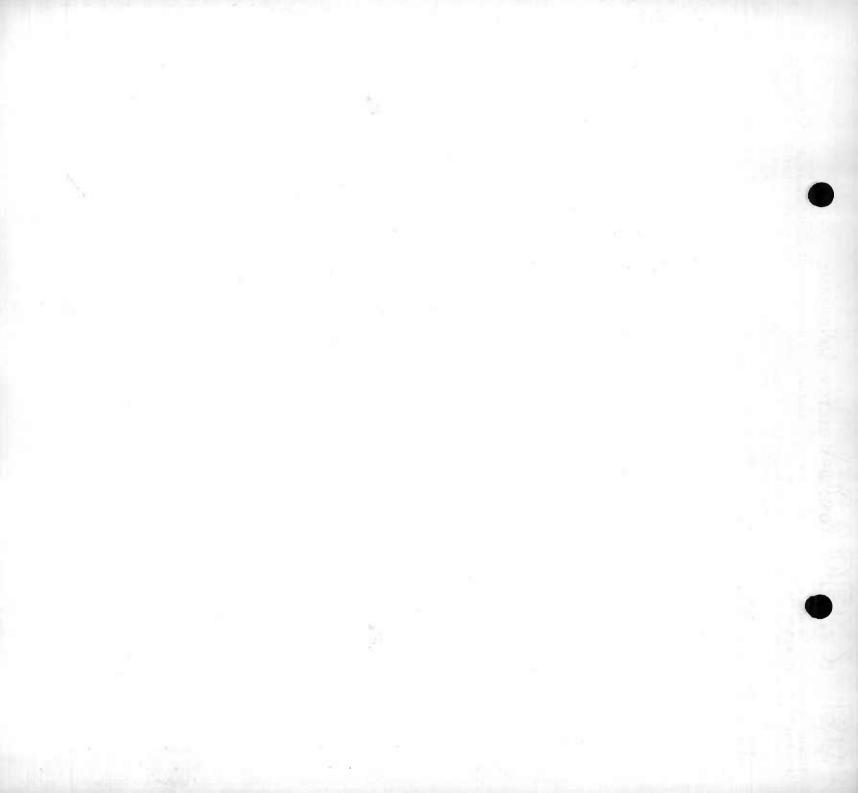
pCATs erecood bereith ear Pfffable of Coopers all Co

BALTIMORE CITY HEALTH DEPARTMENT



•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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TAN	istan he d cind;	nal c
OR	if t if t inny ied	or fi
IME	Also, e of	med
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FUNERAL DIRECTOR: IMPORTANT	A fro	regu e en
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	bod)	written approval must be a
	This the show	Writ

4 50 71 3200 BALTIMOR	E CITY HEALTH DEPARTMENT
DIATITIVO,	ICATE OF DEATH REG. NO. 71 3309
Type or Print Hay now, Isli zer Seth	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission
FULL NAME OF UF NOT IN HOPITAL OR INSTITUTION CIVE STREET	A. STATE & COUNTY
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
44	BALTIMORE YES NO
UNION HENORIAL HOSPIT.	AL E. STREET AND NUMBER 607 F. 3574-ST Galinge 18
5. SEX 6. RACE 7. MARRIED NEVER MARRIE WIDOWED DIVORCE	Months: Doys : Hours : Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
HCUSEWIFE OWN HOM	1/10/1/10 1.1 (7/5,A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELMER ZEPP	FILA BLACK
15. Was Decoosed Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS
(Tes, no of unknown) (If yes, give wor of dolos of service) SECURITY NO.	1 de la constante de la consta
18.	385 FRANK E. HAYMAN (SAME
DISEASE OR CONDITION DIRECTLY	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	0 10 0 10 0 10 10 10 10
(This does not mean the mode of dying, e.g., (A) IMMEDIA	OR AS A CONSEQUENCE OF: RY ARRYT
heart failure, osthenia, etc. It means the disease, injury or camplication which caused deoth.)	ORAS A CONSEQUENCE OF: RY ARRYST
ANTECEDENT CAUSES	Very Comment // Very
	JEVERE PLUONARY FIBRASIS // Year
DISEASES OR CONDITIONS, if any, giving DUE TO, riso to the obove cause (A) stating the	OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
« (DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yos or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1) 21A. ACCIDENT WAS UNDERLYINGET	No.
OR CONTRIBUTING CAUSE OF home, farm, factory, shear	(e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
21D.TIME (Manth) (Doy) (Year) (Haur) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
₹ (A PPPOY) While At ☐ No	of While
Walk — Al	Walk
22. I certify that (1) (this hospital) attended the deceased from	
that (1) (we) lost saw the deceased alive on april 3	19ond that in(my) (our) opinion death occurred on the date
and hour and from the causes stated abave. (1) (We) (dld) (dld	not) view the body after death.
23A. SIGNATURE	23 B, DATE SIGNED
Tologe	Attending Med. Stoff H
23C. PHYSICIAN'S NAME (Type)	Phys. Director Phys.
	OF CREMATORY 124D. LOCATION (City, fown, or country) 15totel
REMOVAL (Specify)	
Burial 4-6-71 Pleasant Va	
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
DR 5 1971 Palect E. Jaber, K.D.	H.W.Jenkins Sons Co. 4905 York Rd. Baltimore, Maryland 21212
/S 150-REV. 1/1/68	

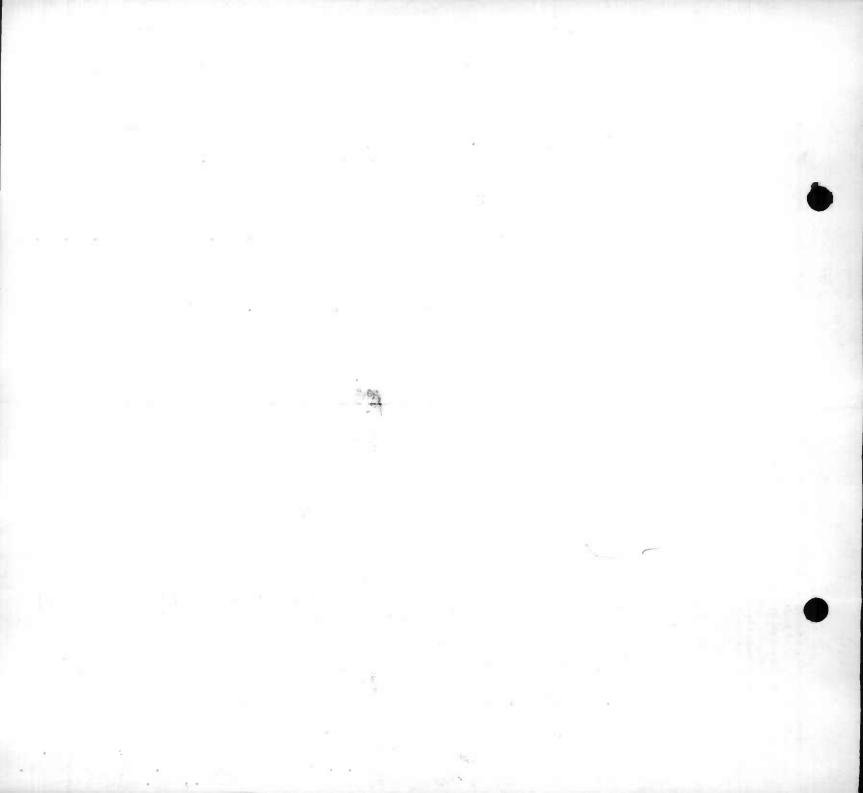


C-430 11 3310		HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	71 3310
(Type or Print) Many Callen		2. DATE	AND HOUR OF DEATH	. / 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived II inc	titution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OF LOCATION	ON, GIVE STREET	Granad	// N .	lone Buldo 110
INSTITUTION HOSP of BO	Chomon	C. CITY OR TOWN		YES NO NO
Ja Boldman Bypo	21015	E. STREET AND NUMBER	11 / 1/2/	YES NO NO
5. SEX / 6. RACE /7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Mr. 13/6
fimule Whole WIDOWED IN	DIVORCED	1./419 1084	last birthday	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	Home	14. MOTHER'S MAIDEN N	AME	Moregration
JOHES LAMONT		UNKNOW	~	
To Walley	SOCIAL SECURITY NO.	17. INFORMANT	11	ADDRESS
No	Plant	Gand day	Mohr 815	Freshan Dr
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	(Bones of	herte	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE POSTO	Jail	10 las
(This does not mean the mode of dying, e.g., heart laiture, osthenio, etc. It means the disease, injury or complication which coused death.)		CONSEQUENCE OF:	tipaline line	
ANTECEDENT CAUSES	DIY	DSHD		Va.
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	DUE TO, OR AS	A CONSEQUENCE OF:		Jew d
UNDERLYING CONDITION last.	(c)	*****************************	***********************	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL IDISEASE OR CONDITION GIVEN IN PART 1 (A)	******	***********************		***************************************
19A-DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAUS	NDINGS CONSIDERED
On CONTRIBUTION	CE OF INJURY le.g., in	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoci location)
DEATH (notify medical examiner)	orm, toctory, street, orn	ce bldg., INJURY OCCUR?	m	,,
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJ	URY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.) While A				
22. I certify that (I) (this haspital) attended the dethot (I) (we) last saw the deceased olive on	eceased fram	10 7/	19 Z/10	19
and haur and fram the causes stated abave. (1) (W.	e) (did) (did not) vi	and the body after death	hot in (my) (aur) apini	an death occurred on the date
23A. SIGNATURE	15			38. DATE SIGNED
23C. PHYSICIANS	OEGREE Phys.	ding Med. Director	Staff Phys.	
23C. PHYSICIAN'S NAME (Type) SAKOA BENCAPA	811	D. ADDRESS	5 Ahm	1 R. Och
24A. BURIAL CREMATION, 124B. DATE 124C NAME	OEGREE OI CEMETERY OF CREA	MATORY 24D. I	OCATION (CA)	town, or county) (State)
	NAME	E	BENSBURG	
APR 5 1971 Profes E. Jabe	GISTRAR *	25C. FUNERAL DIRECTO		ADDRESS BAU
S 150-REV. 1/1/68	, 140	HENRYW, JEN	IKINS & SONS 4	905 YORK KD. 112

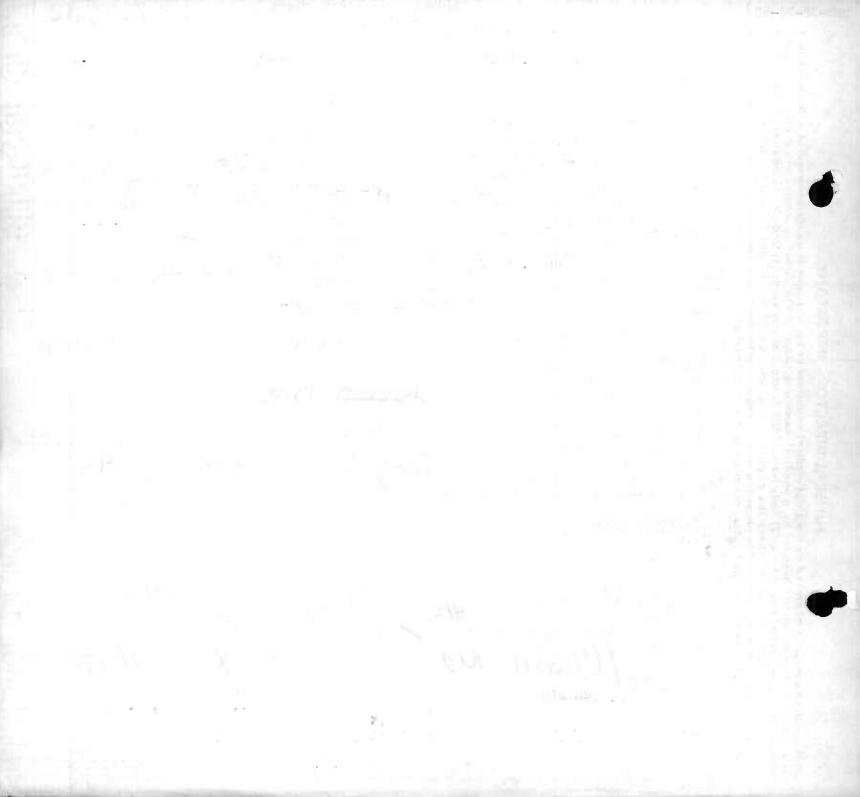
FUNERAL DIRECTOR: IMPORTANT



B-450 BIRTH NO.	71	331	A	TE OF DEATH	REG. NO	71 3311		
1. NAME OF DECEAS		ah Me	yer Boylan	2. DATE A	ND HOUR OF DEATH			
3. PLACE IN BALTIM	ORE MARYLAND, W	HERE PRON	OUNCED DEAD	14. USUAL RESIDENCE IWA	ere deceased lived. Il ion	2:00 A M		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	A. USUAL RESIDENCE IWhere deceased lived. II institution: residence before admission Maryland C.CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?				
00	510 Cord:	ing Av	70 ·	E. STREET AND NUMBER 510 Cordin	ng Ave.	YES 🔀 NO 🗌		
F	W	7- MARRIED	DIVORCED	8. DATE OF BIRTH 11/27/1880	9. AGE (In years lost birthdoy)	if Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
done during most of work HOUSEW	ing life, even it refired)		of business or industry vn Home	11. BIRTHPLACE (Stole or for Baltimore	eign country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME		0,	VII IIONIO	14. MOTHER'S MAIDEN NA		U.S.A.		
Christ	ian Meyer			Anna Coro				
15. Was Deceased Eve (Yes, no or unknown) (If	r in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
No	and State and of pole	- OI SOIVICE)	217-48-8220	Mrs.Carrie 1	L. Barulsen	(Same)		
18. 4/0	11		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ostherio, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tost. (A) IMMEDIATE CAUSE CONTROL OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C)								
ITO THE DEATH BU	IT CONDITIONS CONTROL TO THE ITION GIVEN IN PARTE	E TERMINAL	WHICH OPERATION	120 A. ALITOPSYZ (Yes. or. N.	all 20R IE VEC WERE EL	AIDINGS CONSIDERED		
	WAS PERF	ORMED		20A-AUTOPSY? IVes of N	IN CERTIFYING CAU	SES OF DEATH?		
OR CONTRACTOR	AS UNDERLYINO DO CAUSE OF icol examined	211 hor elc	PLACE OF INJURY (e.g., in ne, form, foctory, street, off)	or about 21C. WHERE DID	(il in Baltimore	City, give exact location)		
DEATH (notify med	onth) (Day) (Year)		INJURY O CCURRED At Work At Work	21F. HOW DID IN	IURY OCCUR?	•		
22. I certify that that (i) (we) last	(1) (this hospital)	attended t	the deceased from A		,	Ian death accurred on the date		
and hour and fro	m the causes state	ed above. (i) (We) (did) (did not) vi	ew the body after death.				
1	I Ille	und			Stoff Phys.	4-3-71		
NAME (Type)	r. Marcic	м. м	enendez	5820 York Ro	ad			
REMOVAL (Special		24C.N.	AME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City.	town, or county) (State)		
Burial 25A. DATE REC'D BY	4/5/71		orraine Park	Ba:	ltimore Cou	anty Md		
APR 5	971 24	the same	Ben ALD.	H.W. Jenkins	& Sons Co. Balto Mo	 4905 York Rd. 		



	pe or Print	EASED	John A.	Fick	te		ATE AND HOUR OF DE -2-1971	EATH	10.50 A
	PLACE IN SAL	(IF NOT IN ADDRESS OF			TION, GIVE STREET	Maryland	E (Where deceased lived COUNTY	INSIDE CITY LIN	654
114	31	Baltimore 1940 Easte	ern Ave	enue		Baltimore E. STREET AND NU	WBER	YES 🔀	NO 🗌
5	SEX	Baltimore,					rook Road	21206	1 Yı Il Under 24 Hı
M	lale	White	wit	DOWED			9. AGE (In years lost birthday) 7.2	2	1 Yr. Il Under 24 He Days Haurs Min.
dor	Retired	working life, even it is in House	refired)		T. School	Maryland			J.S.A.
13.	FATHER'S NAM		, Kanana Kanana	Geo	rge Ficke	Jenny V			
15. (Ye	Was Deceased s, no of unknown!	Ever in U. S. Am	or dates of	service)	16 SOCIAL SECURITY NO. 214-20-2675	17. INFORMANT	-4940 Easter		ADDRESS
_	18.	2.4	12.4	EV	CAUSE OF DEA		-1940 Baster		APPROXIMATE INTERVAL
		E OF CONDITION	HTA		(A)IMMEDIATE C	AUSE CVA		ľ	3 days
	Internet as some	at mean the ma	aguend deal	of a					
	DISEASES Conse to the UNDERLYING	ANTECEDENT C. OR CONDITION: above cause CONDITION &	caused deal AUSES S, il any, (A) stali	giving	(6) DUE 10, OR (C)	AS A CONSEQUENCE OF			
CATION	DISEASES Conse to the UNDERLYING	ANTECEDENT C. OR CONDITION: O above cause CONDITION ! CONDITION ! CONDITION ! CONDITION ! CONDITION ON IN THE CONDITION GIVEN	AUSES S, if any, (A) stati ast NS CONTRIE LIN PART 1 (A)	giving ing the BUTING RMINAL	Pros	rsis tetic (10	ecínoma	WERE FINDINGS	44B.
RTIFICATION	DISEASES Conse to the UNDERLYING	ANTECEDENT C. OR CONDITION: O above cause CONDITION ! CONDITION ! CONDITION ! CONDITION ! CONDITION ON IN THE CONDITION GIVEN	AUSES S, if any, (A) stati ast NS CONTRIE LIN PART 1 (A)	giving ing the BUTING RMINAL	(c) 24	Tois	ecínoma	WERE FINDINGS G CAUSES OF D	
CAL CERTIFICATION	DISEASES Conse to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OF 19A-DATE OF 21A-ACCIDE OR CONTUST DEATH (notify	ANTECEDENT C. OR CONDITION: O above cause CONDITION ! CONDITION ! CONDITION ! CONDITION ! CONDITION ON IN THE CONDITION GIVEN	AUSES S, if any, (A) stational contribution of the tell in Part 1 (A) & CONDITIONAL COND	giving ging the BUTING RMINAL A).	(c) Sty	Tatic (10)	es or No) 208, IF YES, Y	WERE FINDINGS © CAUSES OF D	CONSIDERED DEATH?
MEDICAL CERTIFICATION	DISEASES Conse to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OF CIPA-DATE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	ANTECEDENT C. OR CONDITION: O above cause CONDITION: CONDITION	AUSES S, if any, (A) stational Australia Austr	giving giving the BUTING RMINAL A). DN FOR VAED 21E, bom etc.	VHICH OPERATION PLACE OF INJURY (e.g. farm, factory, street, forth, factory, street, forth, factory, street, forth, factory, street, factory,	20A AUTOPSY? (N NO win or about 21C, WHERE office bidg, INJURY OC	es at No.) 20B, IF YES, V IN CERTIFYING CUR? (If In Bo		CONSIDERED DEATH?
CAL C	DISEASES Consent to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR CONTRIBLE DEATH (notify CAPPROXI 21D. TIME OF INJURY (APPROXI 22, I certify that (I) (we)	ANTECEDENT C. OR CONDITION: O above cause CONDITION: CONDITION	AUSES S, if any, (A) stational AS CONTRIBE (Year) (He	giving the BUTING RMINAL AL. DN FOR V MED COUNTY 21& World of the control of the	VHICH OPERATION PLACE OF INJURY (e.e., farm, foctory, street, all was to be deceased from 4/2	20A. AUTOPSY? (V NO win or about 21C. WHERE office bldg., INJURY OC 21F. HOW	es ar No) 208, IF YES, YES, YES, YES, YES, YES, YES, YES,	ollimore City, give	CONSIDERED DEATH? Dexoci location)
CAL C	DISEASES Conse to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR CONTRIBLE OF CONTRIBLE OF INJURY (APPROXI 22. I certify that (I) (we) and hour and 23A. SIGNATU	ANTECEDENT C. OR CONDITION: O above cause CONDITION: CONDITION: CONDITION: CONDITION: CONDITION: CONDITION: CONDITION: CONDITION GIVEN OPERATION 19: W. OPERATION 19: OPERATION 19: W. OPERATION 19: OPERAT	AUSES S, if any, (A) stational AS CONTRIBE (Year) (He	giving giving the BUTING RMINAL Al. ON FOR VAED 218 hom etc. 218 white work work tended at live an	VHICH OPERATION PLACE OF INJURY (e.e. form, foctory, street, at we had been been been been been been been bee	20A AUTOPSY? (V NO In in or about 21 C. WHERE office bldg., INJURY OC Thile	es ar No) 208, IF YES, Y IN CERTIFYING DID INJURY OCCUR? 19 7 ta_ and that In (my) (audeath.	ollimore City, give	CONSIDERED DEATH? Dexoct location)
MEDICAL C	DISEASES Conse to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR CIPA-DATE OF CONTRIBLIBEATH (notily 21D-TIME OF INJURY (APPROXI 22. I certify that (I) (we) and hour and	ANTECEDENT C. OR CONDITION: O above cause OCONDITION: CANT CONDITION: CANT CONDITION: CANT CONDITION GIVEN OPERATION 19: W. OPERATION 19: OPERATIO	AUSES S, if any, (a) stational AUSES S, if any, (a) stational AS CONTRIB ED TO THE TELL IN PART 1 (A) B. CONDITIO AS PERFORM (Year) (Ho cospital) att eccased al es stated a	giving the BUTING RMINAL A). DN FOR VALED 218, hometed with the condition of the condition	VHICH OPERATION PLACE OF INJURY (e.e., form, foctory, street, form, foctory, street, form) INJURY OCCURRED ILE AT AT WATER Not We AT WO AT W	20A. AUTOPSY? (V. NO In or about 21 G. WHERE office bidge INJURY OC. 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	es or No) 208, IF YES, Y IN CERTIFYING EDID (If in Bo CUR? (If in Bo CUR? (If in Bo CUR? (aud death. Staff Phys. (aud altimore City	ollimore City, give 1/2/1/ r) apinian deat 238. DATI 4/ Hospital	considered peath? exact location) 19 h accurred on the de



IMPORTANT

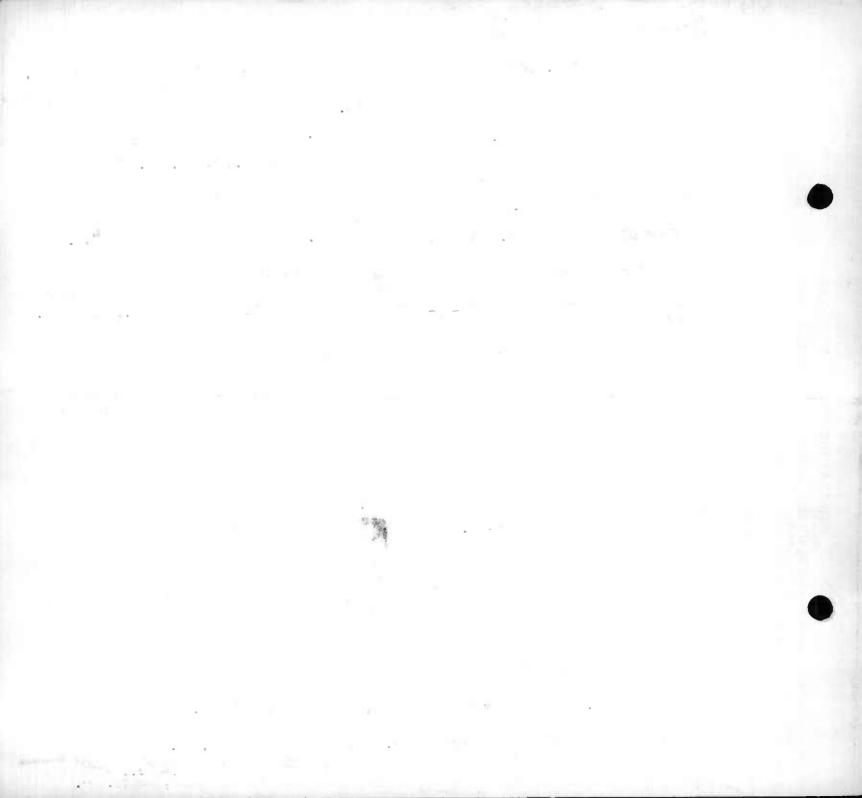
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

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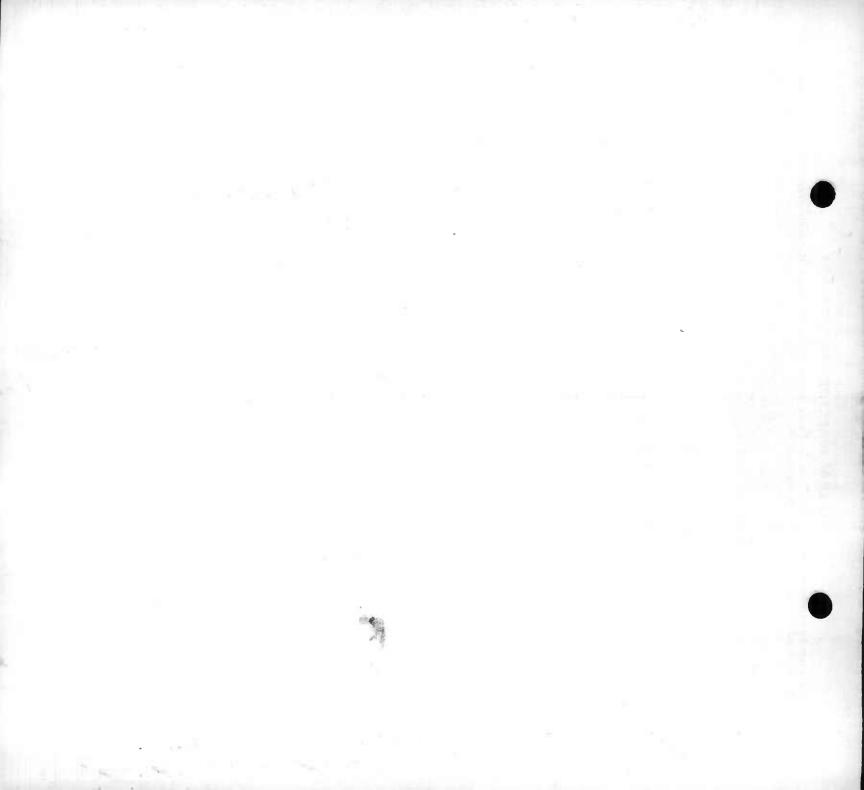
V - /2 / /1 2047	ATE OF DEATH REG. NO. 71 3314
1. NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH
Earl D. Robinson	3/30/71 5:45 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. 204/
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
5525 Belair Rd.	E. STREET AND NUMBER
	5525 Belair Rd., Balto. Md. 21206
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	10/20/09 61 11. BIRTHPLACE (Stole at foreign country) 12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if relired)	, la suite de la contraction d
clerical Dept. Motor Vehicles	
	14. MOTHER'S MAIDEN NAME
Kitt Robinson 5. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Nora McQueen
5- Wos Deceased Ever in U. S. Armed Farces? (es, no ar unknawn) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT (SON) ADDRESS 21206
yes WW II 10-09-8577	Leon Robinson, 4004 Marx Ave., Balto Md.
18. 4 / O 1 / 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(This does not make the made of duite (A)IMMEDIATE CA	
hearl failure, ashenia, etc. il means the disease.	A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	(-3 (UD- 10 gog -
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS rise to the above cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
l l	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
LIDISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1 21A. ACCIDENT WAS HADERINAD TO LOSS STATES OF THE STATES	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF hame, farm, factory, street, a etc.)	fice bldg., INJURY OCCUR? (If In Baltimare City, give exact lacation)
21D-TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
IAPPROX.) While At Nat While At Wark At Wark	e m
22. I certify that (i) (this hospital) attended the deceased fram	7/5 19 69 to 3/5 197/
that (I) (we) just saw the deceased alive an 3/5	19 and that In (my) (our) apinian death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did not)	lew the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
Dh.	nding Med. Staff C
23C.PHYSICIAN'S	23D. ADDRESS
Dr. Sol Tangenbaum	
IA. BURIAL CREMATION, 248, DATE /24C, NAME of CEMETERY OF CRI	5508 Belair Rd.
REMOVAL (Specify)	
burial 4/3/71 Glen Haven Mem. A. DATE REC'D BY HEALTH DEPT. 1258, NAME OF REGISTRAR	
ALDE CONTRACTOR STATE OF THE ST	Schimunek Funeral Home, Inc., 3331 Brehms
HERD WILLEF Jo. Go. St. B.	Schimunek Funeral H.me, Inc., 3331 Brehms



PIDY	H NO.		WED	ICAL	EXAMINER'S	CERTIF	ICATE C	F DEAT	H REG. NO.			20
I. N	AME OF DEC	EASED				2. DATE	Known K	Month	Day	Yeor	Hour	
(Type	or Print)		Cecil	F. P	feffer	OF DEATH	Estimoted		04,		111701	
4. PL	ACE IN BAL	TIMORE, MA	RYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Year	Hour	М.
HOSP	NAME OF	(IF NO	TIN HOSPITA	L OR INST	TITUTION, GIVE STREET		OUNCED DEAD	3	29	71	6:55	E 197
()		2508	R F Ms	diso	n Ct	S. USUAL A. STATE	Manual and		B. COUNTY	residence	before odmi	ssion)
2508 E. Madison St. 6. SEX 7. RACE B. MARRIED NEVER MARRIED			C. CITY O	Maryland	1	D. INSIDE CIT	VIIMITS	100	1			
ma	le l	white		WIDOW			Baltimon	20				
	TE OF BIRT		IO. AGE (in	yeors	# Under 1 Yr. II Under 24 Hrs.	E. STREET	AND NUMBER		YE	s fc	ио Ц	
	8/26/0	2	lost birthdoy	68	Months, Doys, Hours Min.		2508 E.	Madison	C+			
11, 81		tate or loreig	n country)		12. CITIZEN OF	13. FATHER		Madison	DL.			
	Bal	to.			WHAT COUNTRY?		George	Pfeffer				
TAA.U	SUAL OCCU	PATION (Give	kind of work	48. KIND	OF BUSINESS OR INDUSTRY	15. MOTH						
done d		vorking life, eve	en il retired)	h7.	D.:		Panhama	III and also				
		ED EVER IN U			? I7. SOCIAL	18. INFOR	Barbara MANT	,	\ AD	DRESS		
	io or unknown) 10	(II yes, give w	or or dotes	ol service)	213-03-9916		ohn Dfof	(broth	er)	3.2	OLL.	
19		0 4			CAUSE OF DEA	TH U	ohn Pfef	1er, 250	o m. Ma		PPROXIMATE IN	NTERVAL
	7./									BETY	VEEN ONSET A	IND DEATH
		E OR CONDI		TLY	Arterio	sclero	tic cardi	ovascul.	ar disea	se		
	(This does n	(This does not mean the mode of dying, e.g., heart loilure, asthenia, etc. it means the disease,										
		, osmenio, etc. aplication which										
		NTECEDENT (CAHEEE									
				GIVING	(B)DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	OR CONDITION ABOVE CAL	JSE (A) STAT	ING THE								
0					(C)							·
CERTIFICATION	OTHER SIGN	IFICANT CON	II DITIONS CO	NTRIBUT	ING							
은	TO THE DEA	CONDITION	RELATED TO	THE TERMI	NAL							
20					FOR WHICH OPERATION WA	S PERFOR!	AED.			21. AUTC	PSY? (Yes	or No)
Ö	7										1311 (,
₹ 22	A. EXTERI	NAL CAUSE V	WAS	1	228. PLACE OF INJURY (e.g.,	In or about	22C. WHERE DI	D (if in Boltimor	e City, alve exac	no Heration)		
		OR CONT			home, lorm, lactory, street, office	bldg., etc.)	NJURY OCCUR	?		· rocomony		
≥ 22	D. TIME	Month) (De	oy) (Year)) (Hour) 22E.INJURY OCCURRED		22F. HOW DID	INJURY OCCI	IP?			
	FINJURY APPROX.)				WHILE AT NOT	WHILE -			, K.			
23					m. WORK AT W	ORK L						
	1 cert	ify that I he	eld an In	quiry [Inspection Aut	apsy 🗌	and that or	this basis,	death in my o	pinion		
	result	ed from! No	atural cous	es X	Accident Suicid	• П	omicide 🔲		ned manner	7		
		11111	10 .	1			CHIEF MEDICA			•		
	ACTUAL	in MAN	4/W)	n	141	ASS	ISTANT MEDICA		ñ		DATE SIG	NED
н	SIGNATU	ER'S	F. T.	X	M.D.		OCIATE MEDICA		ī			
	NAME (T	ype) Wern		Spit	k, M.D. De		Chief Med		aminer	3	/29/71	
24A. I REMO	BURIAL CREADVAL (Specif	AATION, 24	4B. DATE		24C. NAME of CEMETERY			D. LOCATION	(City, town,			te)
	cremat	ion	4/2/7		Green Mount C	remato	ry	F	Balto. Mo	i.		
25 A. I	DATE REC'D	BY HEALTH D	EPT.	25B. N.	AME OF REGISTRAR	25C.	FUNERAL DIREC	CTOR	AD	DRESS		
	APR 5	1971	المنات	E 30	Ben M.D.	S	chimunek	Funeral	Home,	Inc.	3337 1	Brehm
VS 15	1-REV. 1/1/68						0 ! .	Lane	, Balto	, Md.	2121	3

The second second second

1	7 - 677	Y HEALTH DEPARTMENT	1 0010			
		ATE OF DEATH REG. NO.	1 3316			
	1. NAME OF DECEASED (Type or Print) JOSEPHINE C. PROCHASKA	2. DATE AND HOUR OF DEATH 3/30/7/ 6300	in .			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived if institution A. STATE B. COUNTY	n: residence befare admission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	M. BALTIMORE C. CITY OR TOWN, D. INSIDE CIT				
	CHURCH HOME & HOSPITAL	BALTIMORE YES				
de.	05	6. STREET AND NUMBER 6. 18 NORTH STREEPER St. 2120				
is made.	FAMALE WHITE. 7. MARRIED WINEVER MARRIED WINDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II U. Mont	nder 1 Yr. II Under 24 Hrs. hs Days Haurs Min.			
disposition	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR' dane during most of working life, even if retired) CLERCK Balto. City	11. BIRTHPLACE (Stote or lareign cauntry) 12. C	THIEN OF WHAT COUNTRY?			
osii	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	AMERICAM.			
lisp	Mr. FRANK PROCHASKA	ANGELA FIORI				
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO. 213 10 99 46	17. INFORMANT	ADDRESS			
or f	18. CAUSE OF DEAT	Н	APPROXIMATE INTERVAL			
0	DISEASE OR CONDITION DIRECTLY CARD	AC ARREST	BETWEEN ONSET AND DEATH			
E	I I I I I I I I I I I I I I I I I I I	USE A CONSEQUENCE OF:				
embalme	injury ar complication which caused death.		3/14/71 -3/30/7			
11	ANTECEDENT CAUSES (B)	CER of The LUNGS				
S are	ITANDESI VIAC CONDITION :	A CONSEQUENCE OF:	***************************************			
a.	II					
e remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
두	19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yos at No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	OS CONSIDERED F DEATH?			
9	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i one, farm, loctory, street, a otc.)	n ar about 21C, WHERE DID (If In Baltimore City, since bldg, INJURY OCCUR?	live exoct location)			
Po	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
8	(APPROX.) While At Not While At Work At Work At Work	•□.				
opt	22. I certify that (1) (this hospital) attended the deceased from	3/14/1/ 19 to 3/30	7/7/19			
å	that (1) (we) lost saw the deceased alive an 3/30/71	ond that in (my) (our) opinion de				
must	ond haur ond from the couses stated above. (1) (We) (dld) (dld not) v	lew the body ofter deoth.				
E	AH		ATE SIGNED			
approval	23C PHYSICIANS Phys	nding Med. Staff Phys. 23D. ADDRESS	130/7/			
pro	NIZAR UMRAN M.	/				
	4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town,	or county) (State)			
10	burial 4/2/71 Gardens of Ra	ith Cemetery Balto., Md.	A 24 YYZ91			
written	APR 5 1971 Pure E. Tarber R. A.	25C. FUNERAL DIRECTOR	ADDRESS			
1	S 150-REV. 1/1/68	Schimunek Funeral Home, Inc.	3331 Brehms			

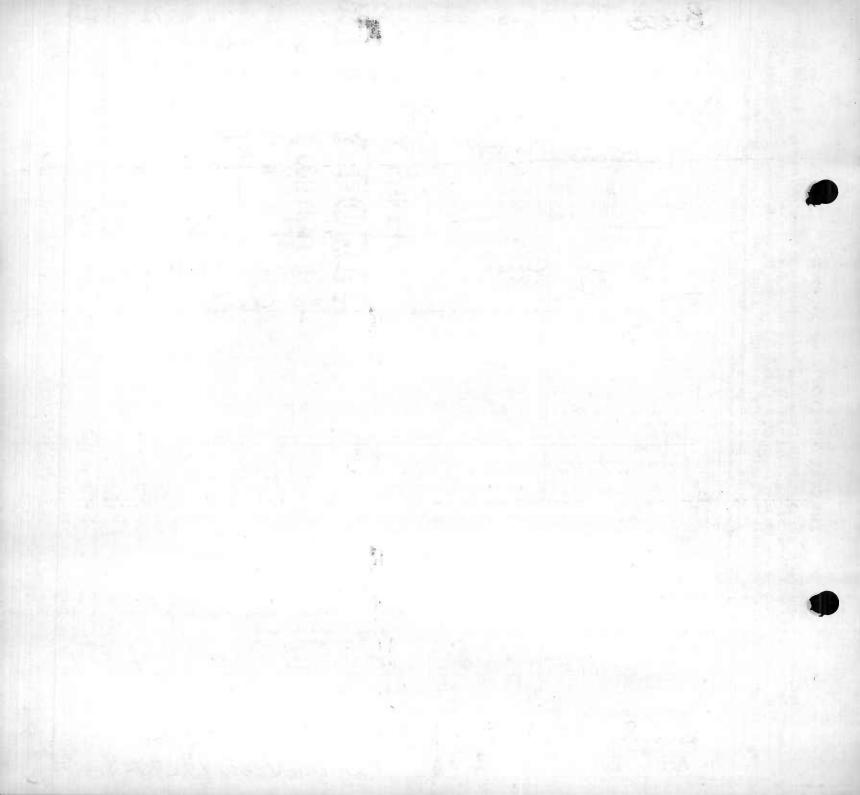


	P-652 71 331	Jec/	TE OF DEATH	REG. NO.	71 3317				
	I. NAME OF DECEASED	NAME OF DECEASED							
	PERTHH PERM	VIROFF	1 ap	ril 71	19:10 P. M.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If inst	titution: residence before admission)				
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSID	E CITY LIMITS?				
4	231NAI HOSPITAL		13ALTO.		YES NO				
1			2449 SHI	IRLEY	AVE.				
		WED 4 DIVORCED	15 OCT 84	9. AGE (In years last birthday)	If Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 108, KIN) done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?				
				a Tall	450				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE					
	Venet		It vely E	sther					
	15. Was Deceased Ever in U. S. Armed Ferces? (Yes, ne er unknown) lif yes, give wor er dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	2	ADDRESS				
	10		HOOD C	Purs					
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	A	` /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
1	LEADING TO DEATH		ereliro vascula	racciden	DAYS				
	IThis does not mean the made of dying, heart failure, asthenia, etc. It means the dise		CONSEQUENCE OF:		***************************************				
	injury or complication which caused death.)	ARCV			1/2 10				
	ANTECEDENT CAUSES	1 1 400			YEARS				
	DISEASES OR CONDITIONS, if any, given is a la like above cause (A) stating UNDERLYING CONDITION last.	the (C)	A CONSEQUENCE OF:						
	_ 11	(0/222222222222222222222222222222222222		***************************************					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN OF THE TERMIN O	NG IAL							
	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes er No!	208, IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED				
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	218 PLACE OF INJURY le.g., in heme, form, factory, street, affi etc.)	er obout 21 C. WHERE DID	(II In Boltimore	City, give exact lecotion)				
		21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
	(APPROX)	While Al Not While Nork At Work							
	22. I certify that (1) (this hospital) attende	ed the deceased from	25 March 19	71 to 10	Roul 1971				
	that H (we) last saw the deceased olive	on lapril	19 7/ and tha		an death occurred on the date				
	and hour and from the couses stated above								
	23A. SIGNATURE M. T.A. T.A. T.A. T.A. T.A. T.A. T.A. T.	mD, Atten	dia		3B. DATE SIGNED				
	23C PHYSICIANS	DEGREE PHYS.	Director L. P	hys.	1april 11				
	23C. PHYSICIAN'S NAME IType!	1	3D. ADDRESS						
	ARTHURM. WAGN	DEGREE	AATONY - Inch 10	CATION					
	AEMOVAL (Specify)	CREST CL		BOLLI ICITY.	town, or county! (Stote)				
	SA. DATE REC'D BY HEALTH DEPT. 258, MAN	AE OF REGISTRAR	250-FUNERAL DIRECTOR		ADDRESS MA				
IF	'S 150-REV. 1/1/68		1 000						

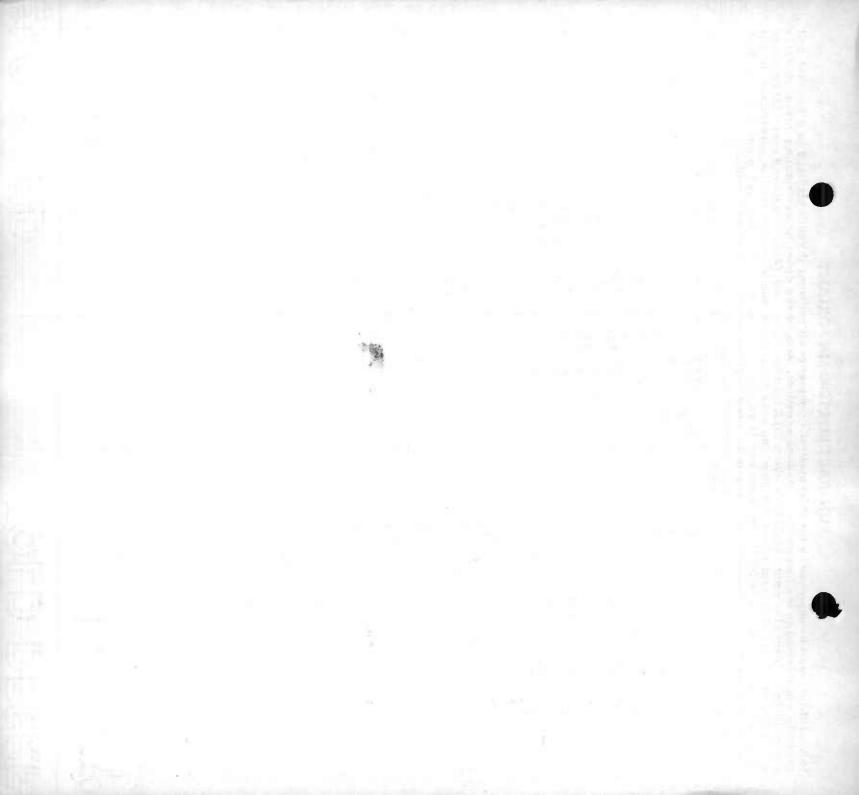


FUNERAL DIRECTOR: IMPORTANT

2	BALTIMORE CITY	HEALTH DEPARTMENT	, m	1 3318
D-600 71 3318	CERTIFICA	TE OF DEATH	REG. NO.	T 2210
I. NAME OF DECEASED RAPP F	annie	2. DATE AND	APR71	150 A N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU		A. USUAL RESIDENCE (Where d A. STATE B. COUNTY	eccosed lived. If ins	titution: residence before admission)
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION 1807 Eule	in Place	C. CITY OR TOWN NORFOLK	D. INSIC	YES NO NO
go Jinai Heaf	J	E. STREET AND NUMBER		
remale White WIDOWED		1904 lost	AGE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	Balls	md	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Que	^
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, sive wor or dotes of service)	16. SOCIAL SECURITY NO. 219604482	17. INFORMANT HOSE CL	K.	ADDRESS
18.4	CAUSE OF DEAT	1	V	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		21.	,	11 1
LEADING TO DEATH (This does not meon the mode of dying, e.g.,	(A) IMMEDIATE CAL		puumoun	401
heort foilure, asthenia, etc. It meons the diseose, injury or complication which caused death.)	DUE 10, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony, giving	(B)	A CONSEQUENCE OF:		
rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	OBS, muto	ilrifand sizue	1	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 19B. CONDITION FOR V WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B.	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING 21 B. hometc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exoct location)
OF INJURY	INJURY OCCURRED le At Not While At Work	21F. HOW DID INJUR	Y OCCUR?	
22. I certify that (I) (this hospital) attended th		F 900 19	70 to	7 Cyn 1971
that (I) (we) lost sow the deceased alive an	2 apri	19.7/ond that	in (my) (our) opln	nion death occurred on the dot
and haur and fram the causes stoted above. (1) (We) (did) (dld not) v	iew the body after deoth.		
23A. SIGNATURE / Hulla	M.S. Atte	nding ☐ Med. ☐ Sto	aff [7]	23B, DATE SIGNED
	OEGREE Phy		ys. 🖊	74/11/
NAME (Type) J. HULLA	M · O.	2214 EF		2123/
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burnoul 24C. NA FG	rest Low	org j	Norfolk	y, town, or county) (Stote)
APR 5 1971 July 25B, NAME C	F REGISTRAN	250 FUNERAL DIRECTOR	is Has	160 Rustulon
VS 150-REV, 1/1/6B		0	1	00



BALTIMORE CI	TY HEALTH DEPARTMENT						
	ATE OF DEATH REG. NO. 71 33	319					
1. NAME OF DECEASED (Type or Pant) GAREE M, SANGOR	2. DATE AND HOUR OF DEATH APRIL 2, 1971 4	: 20 A					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Where deceased lived, II institution: residence beli						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY M	45					
UMISO MENSRIAL HOSP.	BALTIM * RE YES NO E. STREET AND NUMBER						
44	4909 ARABIA Ave.						
S. SEX 6. RACE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Months Days Hou	Under 24 Hrs.					
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST!	RY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WH.	AT COUNTRY					
done during most of working life, even if retired)	MARGLAND USI						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1					
FREDERICK SNEWRN	CARRIE UN BELL						
5. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
218-32-165	I MEDILAL RECORD						
DISEASE OR CONDITION DIRECTLY		SET AND DEATH					
LEADING TO DEATH	AUSE CVA 8	orys.					
heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:	J.					
injury or complication which caused death.) ANTECEDENT CAUSES	injury or complication which caused death.)						
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION tost.	AS A CONSEQUENCE OF:						
11	**************************************						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERE	D					
WAS PERFORMED	IN CERTIFFING CAUSES OF BEATH?						
OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 218. PLACE OF INJURY le.g., home, form, foctory, street, etc.)	office bldg. INJURY OCCUR? (II In Baltimare City, give exact location	an)					
210-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21f. HOW DID INJURY OCCUR?						
(APPROX) While At Not When At Work	ile L						
22. I certify that (K (this haspital) attended the deceased from	3-24 1971 10 4-2	.19.71					
that (i) (we) lost sow the deceased alive an 4-1	19and that in(my) (w) opinion death occurred	on the date					
and hour and fram the causes stated above. (1) (We) (did) (did not)	view the body ofter death.						
23A. SIGNATURE	tending Med. Staff						
DEGREE Ph	lys. L Director L Phys. L) /					
23C. PHYSICIAN'S NAME (Type) ESER 4. RETO, M.P.	23D. ADDRESS	~ (
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	REMATORY 240. LOCATION ICity, town, or county)	(Stotel					
Burial 4/5/71 Woodlawn	Baltimore, Maryland						
APR 5 1071 Police & Jaber M.D.	25C. FUNERAL DIRECTOR ADDRESS	1					
/S 150-REV, 1/1/68	Leonard J Ruck Inc. Baltimore	, IVICI					

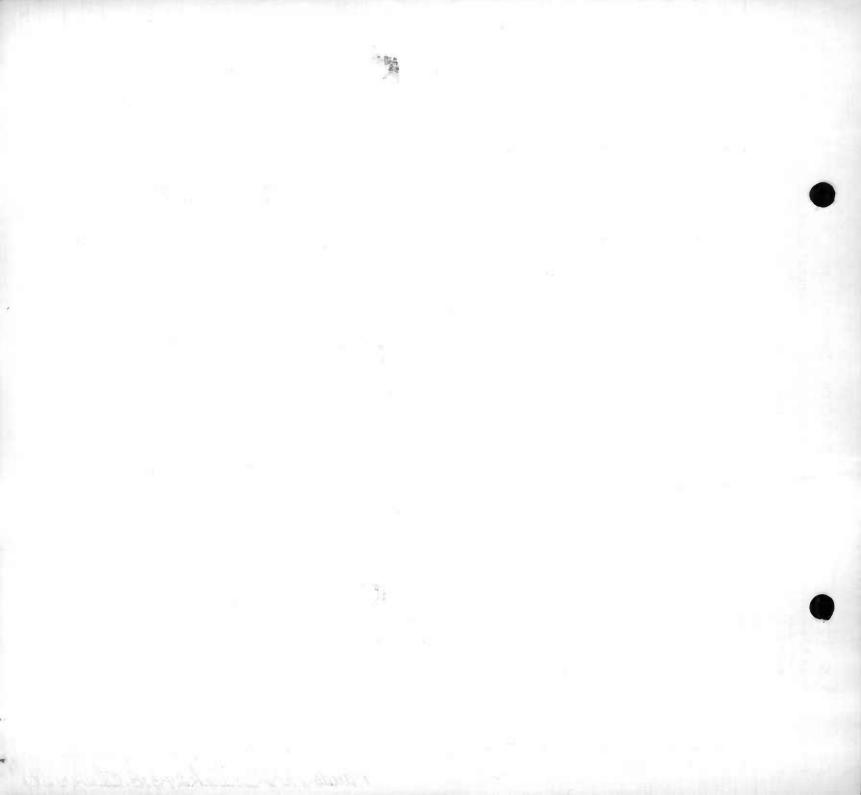


	occurred in a hospital and partibuting cause of death strmined cause; (5) Deceased regular attendance on the ased prior to death. Such is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This ce the bo shows was D decease

	3-416 71 33	20 BALTIMORE CITY	HEALTH DEPARTMENT		71 3320
BIR	TH NO.	CERTIFICA	TE OF DEATH	REG. NO.	/1 3320
1.1	AME OF DECEASED			HOUR OF DEATH	
СТУ	pe or Print) Willie James	Glover			111 600 A
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If ins	11 600 Am.
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)		C, CITY OR TOWN	ln INSI	DE CITY LIMITS?
1	Lincoln NURSI	ng Home	Balto.	0. 114315	YES Z NO
1	27 N. Carey S.	7	E. STREET AND NUMBER		
S. 5			13907 Hilto		
3. 3	MAR	RIED NEVER MARRIED	[5]	. AGE (In yours ost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A	. USUAL OCCUPATION (Give kind of work 108, KIN		7-13-97	73	
don	during most of working life, even if relired		BIKITIFLA CE (Stole di toreig	in country)	12. CITIZEN OF WHAT COUNTRY
12	La torer	Steel Co.	Farmville		71.
	Å . / 2 /		14. MOTHER'S MAIDEN NAM	I.E	
15	Was Decoosed Ever in U. S. Armod Forces?	11/ 2021	UNKNOWN		
(You	ino or unknown) (II yes, give wer or dotes of sen	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	213-09-3587.A	John Glover.	2417 West	EWARD ALP.
	18. 4-36171	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CVA		SETTILE OF SETTING
	1This does not meon the made of dying, heart failure, osthenia, etc. It means the dis-	e.g., DUE TO, OR AS A	SE A CONSEQUENCE OF:	***************************************	
	injury or camplication which caused deoth.) ANTECEDENT CAUSES	,			
	DISEASES OR CONDITIONS, if any, g	(B)	A CONSEQUENCE OF:	~~~~	***********
	rise to the above cause (A) sloting UNDERLYING CONDITION lost.	the	A CONSECUTIVE OF:		
		(c)			*******
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING			
A	TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART 1 (A)	NAL			
CERTIFICATION	19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, alf	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
0	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)	While At Not While			
	22. I certify that (1) (this hospital) ottend	led the deceased from	12-23 19	20 to 4	- 3 19 7/
	that (1) (we) last saw the deceased alive			•	on death occurred on the date
	and haur and from the causes stated above	re(H)(We) (did) (did not) vi			
	23A. SIGNATURE				38. DATE SIGNED
	Who Sware	Attent Phys.	ding Med. S	haff	4/3/7/
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		
	LOLLIS CYEU	VA RINE DEGREE	1801 Greens	Lerry Rd	Bolt my
24A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)		MATORY 24D. LO	CATION (City,	town, or county) (Stole)
L	Burial 4-6-71 N	Dt. Calvanila	Metery AN	VE Anily	101 Cn. Md.
25A	DATE REC'D BY HEALTH DEP. 258 NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	D 11: 1	ADDRESS
	II II O MIL AMBERS OF AND	The state of the s	Kandolph &	Collick 2	4316, Oliver St.
12 1	50-REV, 1/1/68		11 11		

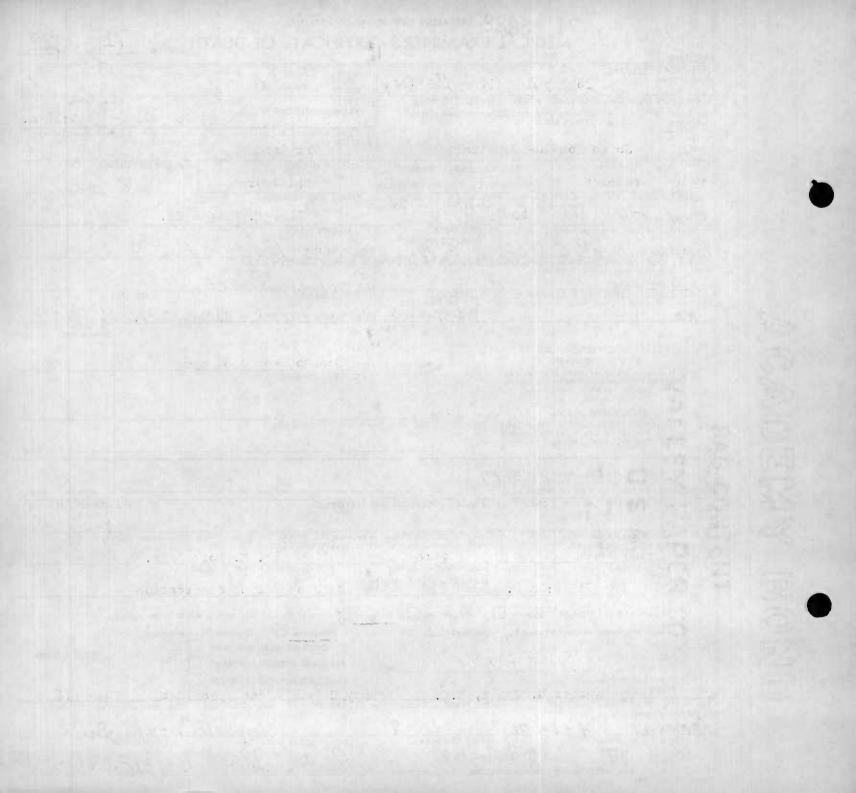


1	В	RTH NO. 340		HEALTH DEPARTMENT TE OF DEATH	REG. NO.	1 3321		
200	(T	NAME OF DECEASED UP OF Print BLUE FORD MEAT	DOWS	2 A1	RIL 7/	1430 A.		
e.	ELT I	ULL NAME OF OSPITAL OR INSTITUTION, ADDRESS OR LOCATION) SINAL HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION) SINAL HOSPITAL		A. STATE B. COUNTY C. CITY OR TOWN B. STREET AND NUMBER D. INSIDE CITY LIMITS? YES NO				
is made.		SEX 6. RACE WIDOWED WIDOWED	DIVORCED	22 DE4908	9. AGE (In years If lost birthday)	Under 1 Yr. If Under 24 Hrs. nihs Doys Hours Min.		
disposition	do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN ne during most of working life, even if refired) HANGYMAN FATHER'S NAME	0	11. BIRTHPLACE (Stole or fore) C. P. N. T. O. N. S. 14. MOTHER'S MAIDEN NAM	gn country) 12	CITIZEN OF WHAT COUNTRY?		
final disp	15. (Ye	Wos Deceosed Ever in U. S. Armed Forces? Seno or unknown) (If yes, give wor or dotes of service) SEC	CIAL CURITY NO.	UNKNOWN		ADDRESS		
or fin	-	ND 192-	03-84-90 Ause of Death	Luevenia		APPROXIMATE INTERVAL		
balmed		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A)IMMEDIATE CAUS	ARY INSUFI	FICIETUCY	BETWEEN ONSET AND DEATH		
E .		injury or camplication which caused death.) ANTECEDENT CAUSES	ASCVI			YEARS,		
ins are		TINDER VINC CONDITION I	(C)	CONSEQUENCE OF:				
the remains	CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH WAS PERFORMED	**************	20A. AUTOPSY? (Yes or No)	***************************************			
before	A.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE 10me, lorm, etc.)	OF INJURY (e.g., In loctory, street, affic	or obout 21 C. WHERE DID	(il in Boltimore City	, give exoct locotion)		
ained	W	(APPROX.) While At	Not While Al Wark	21F. HOW DID INJU	RY OCCUR?			
be obt	22. I certify that (Mithis hospital) oftended the deceased fram 3/Man 19 7/ ta 2 april 19 7/ that (H) (we) last saw the deceased alive on 2 april 19 7/ and that in (pay) (aur) apinion deoth occurred on the dote							
ral must		and hour and from the causes stated obove. (1) (We) (23A. SIGNATURE Athur M. Magner M.)	Di DEGREE Phys.	ling Med. S		DATE SIGNED APRIL 71		
approv	L	23C. PHYSICIAN'S NAME (Type) ARTHUR MI WAGNER BURIAL CREMATION, 1248, DATE 124C, NAME OF	Mi D DEGREE CEMETERY OF CREM	D. ADDRESS				
ritten	E	REMOVAL (Specify) BURIAL 4-5-71 Arbut	US Memor	MATORY 24D. LO	futus ma	(Stole)		
W	25A	APR 5 1971 Robert E. Raiber R. A.	PRAR L	Paudaleli J.	Collick 243	ADDRESS 18. Oliver St.		



VS 151-REV. 1/1/68

81	B-450)	71 MED	3322 OICAL E	BALTIMORE CITY HE XAMINER'S			DEAT	'H REG. NO	71	332	32
1	NAME OF DE			1	8-11	2. DATE	Known 🔼	Month	Doy	Year	Hour	
					amy Bellamy	OF DEATH	Estimoted					м
1	PLACE IN BA				OUNCED DEAD	3. DATE	UNCED DEAD	Month	Doy	Yeor		
HC	SPITAL	ADDR	ESS OR LOCA	TION)	,	5 HSHALD	ESIDENCE (Where	3	29	71	10:30	M
-	33		Hopkin	s Hospi	.tal	A. STATE	Maryland	e deceosed i	B. COUNTY	on: residence	before damis	sion)
	SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS	?	
-	nale	colore		WIDOWED			Baltimor	ce		YES 🛣	NO 🗆	
У.	DATE OF BIR	TH	10. AGE (Ir	y) Mor	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.	E. STREET	AND NUMBER					
4	BIRTHPLACE	947			CITIZEN OF	12 5471100	2237 E.	Bidd:	le St.			
0	/	Sidle of fore	V C		WHAT COUNTRY?	13. FATHER	S NAME	,/	,			
144	USUAL OCC	V (3100)	ve kind of work	148, KIND OF	BUSINESS OR INDUSTR	YIS MOTHE	C.S /SC.	MAM	y			
don	e during most of	working life, e	ven if retired)			0	1 0	-060				
16.	WAS DECEAS	SED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	18. INFORA	MANT	rate		ADDRESS		
(Ye	ND	n) (If yes, give	wor or dotes	of service)	SECURITY NO.	Mac 6	2 + learn Fa	201120	1/223	DOFF	2:111-	C
	19.	1/5.	X		CAUSE OF DEA	<i>V:リアイン)。[T</i> .TH	PTUPY	ellan) Y estestat		APPROXIMATE IN	
13	DISEA	SE OR CON	DITION DIREC	TIV						BET	WEEN ONSET A	ND DEATH
		LEADING T	O DEATH		/ANIMMEDIATE (AUSE Gur	shot woun	d of	eve			
	heart foilur	e, osthenio, et	mode of dyi	diseose.	DUE TO, OR	AS A CONSEQ	UENCE OF:					
	injury or co	mplication wh	Ich coused deo	ih.)								
		NTECEDENT			(8)							
	RISE TO TH	E ABOVE CA	IONS, IF ANY	GIVING ING THE	DUE TO, OR	AS A CONSEC	QUENCE OF:					
Z	UNDERLYI	NG CONDI	TION LAST.		(c)		************					
CERTIFICATION	OYUER SIG	UEIGA 117 GO	11									
5	TO THE DE	ATH BUT NO	T RELATED TO	ONTRIBUTING								
RTI			N 208. CON		WHICH OPERATION W	AS DEDECIDA	ED			In Aut	OBCVO /Von o	- >1->
S	2				THE TOTAL PROPERTY OF THE	-5 FERTORIN				21. AUT	OPSY? (Yes or	r No)
X	22A. EXTER	NAL CAUSE	WAS	228.	PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID ('Il In Boltima	re City, give e	xact lecation	es	
EDIC	UNDERLYING CA			hom	s, form, loctory, street, office Street	e bldg., etc.) Ir	NJURY OCCUR?			X	02	
Σ	22D. TIME		Doy) (Yeor) (Hour) 2	2E.INJURY OCCURRED	2:	200 Blk.	URY OCC	UR?	•		
	OF INJURY (APPROX.) 3	28	71 8:2	5 p. m.	WHILE AT NOT	WHILE THE	shot duri	no alt	ercati	on		
	23.						JIOC GGII	mg art	ercati	OII		
		1	eld on Ir		Inspection Au	topsy X	and that an th	is basis,	death in m	y apinion		
	resul	ted from t	Notural cous	105 A A	ccident Suicid	-			ned manner			
	ACTUAL	///	11/2 11/	VAS	1,1		HIEF MEDICAL E				DATE SIGN	IED
	SIGNAT	/ 2	LY	11 (/	M.D	•	STANT MEDICAL E					
	NAME (erner U	. Spitz	M.R. Do		CIATE MEDICAL E			2	/20/71	
24/ DE	BURIAL CRE	MATION. I	248, DATE		C. NAME of CEMETERY	or CREMATO	ief Medic RY 24D. L	LOCATION	(City, lov	vn, or county	/30/71 /) (Stote	e)
KE)		4-1-	71	ŋ		C.	0001	Cree	. 1	- 0	
	DATE REC'D		DEPT.	258 NAME	OF REGISTRAR	25C. F	UNERAL DIRECTO	PSON	Chee	ADDRESS	2.(''	
	APR 5	1971	Ro Beef	I. Jabe	M.D.	Pa	1.0.10	42 00	11.	0,00	nn	. 0



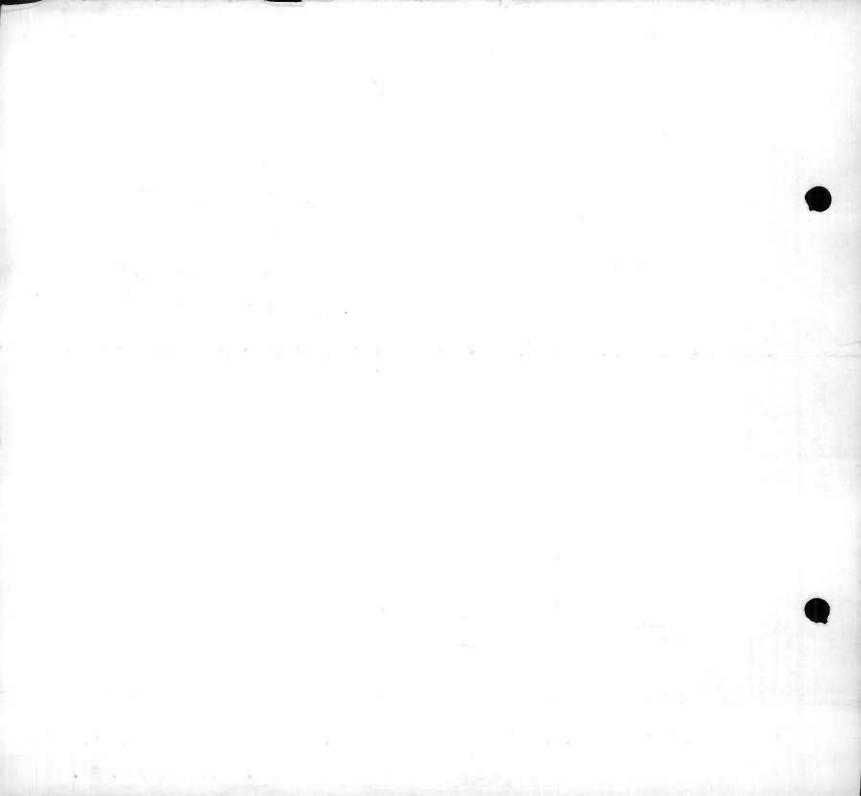
	9-630	71	3323		HEALTH DEPARTMENT	REG. NO.	71 3323		
1	IRTH NO.	V 4855		CERTIFICA	TE OF DEATH				
	Type or Print) GAL		,	RATT	3/	AND HOUR OF DEATH	1 (:204		
'	B. PLACE IN BALTIMORE, M	ARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE B. COU	noro deceased lived. If in	institution; residence before admission)		
	FULL NAME OF (IF NO	T IN HOSPITA	L OR INSTITU	JTION, GIVE STREET	MARYLAI	U D	8.33		
	Provident				C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	2 0 2600 Libe				BALTIM (OKE	YES NO		
	Baltimore	, Maryl	and			HASE	STREET		
	SEX 6. RACE		7. MARRIED [WIDOWED [NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7 - 9 - 21	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.		
10	DA. USUAL OCCUPATION (G	ve kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or for	toign country)	12. CITIZEN OF WHAT COUNTRY?		
	one during most of working life, our Unemplo	ven it felired)			MARYL		U.S.		
1;	FATHER'S NAME	yeu			14. MOTHER'S MAIDEN NA	,	01.3.		
	itank 12.	110							
15	Was Deceased Ever in U. os, no or unknown! (If yes, giv	S. Armed Forc	es?	1 6. SOCIAL	17. INFORMANT	toN	ADDRESS		
	No.	a Mot of Goles	OI Service	SECURITY NO. 212-20-3842	Valerie Kell	Daughter	Same		
	18. 2 7 1 9			CAUSE OF DEATH			APPROXIMATE INTERVAL		
	DISEASE OR CON		ECTLY	Adl	TE	v	RETWEEN ONSET AND DEATH		
	(This does not meen the	TO DEATH	dvina o a	(A) IMMEDIATE CAU	SE M YOCAR	DIAL INFA	RETION 3 HRS.		
	heart failure, asthenia, e injury ar complication w	ic. If means	he disease.	DUE TO, OR AS	CONSEQUENCE OF:				
	ANTECEDE		160111./	11115	0 010011	m C 1 c			
	DISEASES OR CONDI		nv. oivina	(B) Z / C OR AS	R CIRRH A CONSEQUENCE OF:	0515			
	rise to the above UNDERLYING CONDITION	cause (A)	stating the		TO THE COLUMN TH				
	CHERTING COMBIN	JN last,		(c)					
CERTIFICATION	OTHER SIGNIFICANT CONTROL TO THE DEATH BUT NOT I	DITIONS CON	TRIBUTING -	B+C & &	planatory	Lagarot	ony		
FIC	19A-DATE OF OPERATION	17K COND	ITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yos of N	o) 20B. IF YES. WERE	FINDINGS CONSIDERED USES OF DEATH?		
ERT	13/25/71	WAS PERFO	utine	diagnon	NO	IN CERTIFYING CA	USES OF DEATH?		
11 -	OR CONTRIBUTION TO	DERLYING U	nome	LACE OF INJULY (e.g., in form, foctory, street, off	or obout 21C. WHERE DID	(If In Boltimor	e City, give exact location)		
CAL	DEATH (notify medicol exc	mined	elci						
MEDI	Or Madki	Doy) (Your)		NJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?			
1	(APPROX)		While	At Work					
	22. I certify that (I) (this hospital) attended the deceased from march 197/ ta march 26 197/								
	that (1) (we) last saw the deceased alive an								
	23A. SIGNATURE	_	+	14.0	4. — 4 —	APRIL SE	23B, DATE SIGNED		
	Josephina F	· tan	show	M. D. Aften Phys.	Director L	Staff Phys.	3-26-71		
	23C. PHYSICIAM'S NAME (Typol	0 -			3D. ADDRESS	11	MARYLAND		
24	JUSEFINA	K.F.	+ 4 ST	DEGREE	480VIDENT	HOSPITA	ALINC: BALTIMO		
112	A. BURIAL CREMATION, 24	DAIL	24C. NA	ME of CEMETERY OF CREA	AATORY 24D. L	OCATION (Cit	ly, town, or county) (Stotel		
25	SU PIRIL	3-31-7	1 Mts	Calvary(e	netery AN	Ne ApuNO	tel Co., Nd.		
	APR 5	122	(a) (b) 7 /	REGISTRAR	25C. FUNERAL DIRECTOR	0 00.1	ABDRESS 01		
	150-REV. 1/1/68				VaudRehly	Lollick 243	316. Oliver St.		

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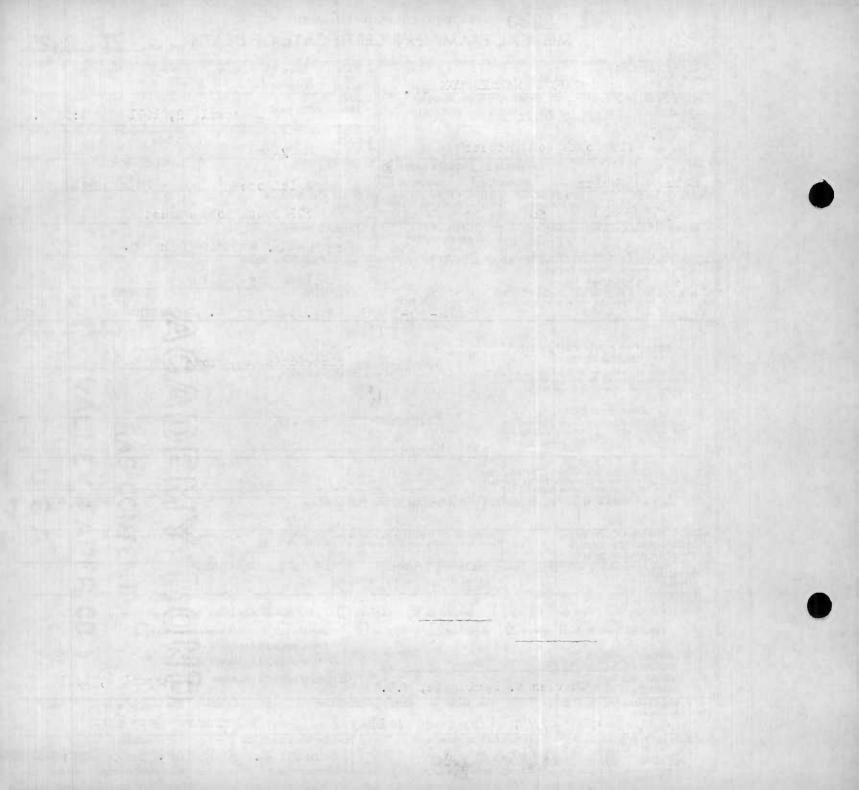
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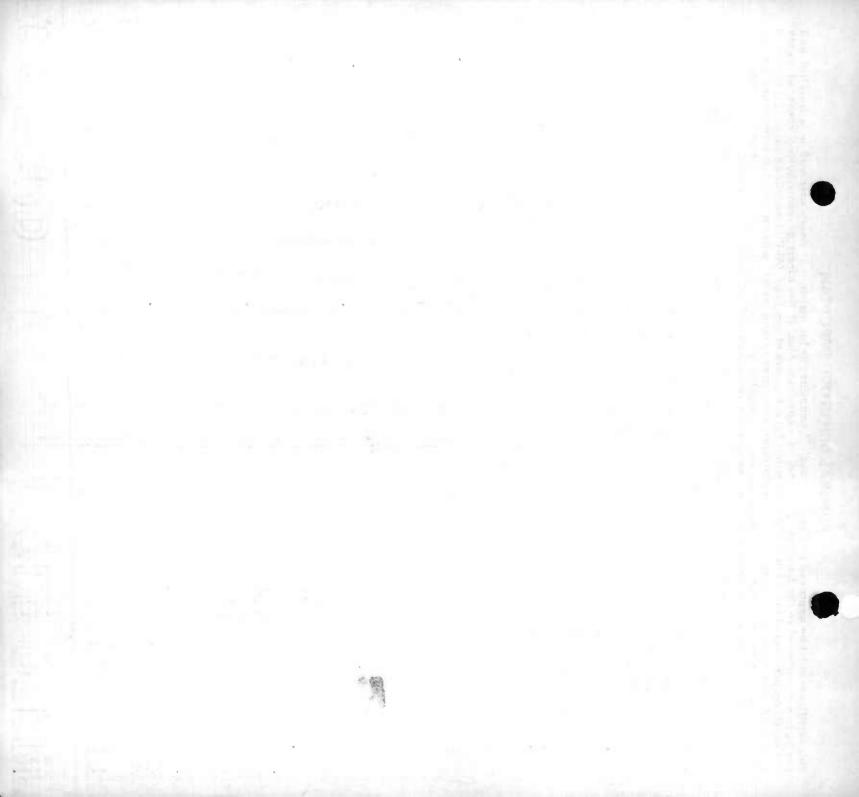


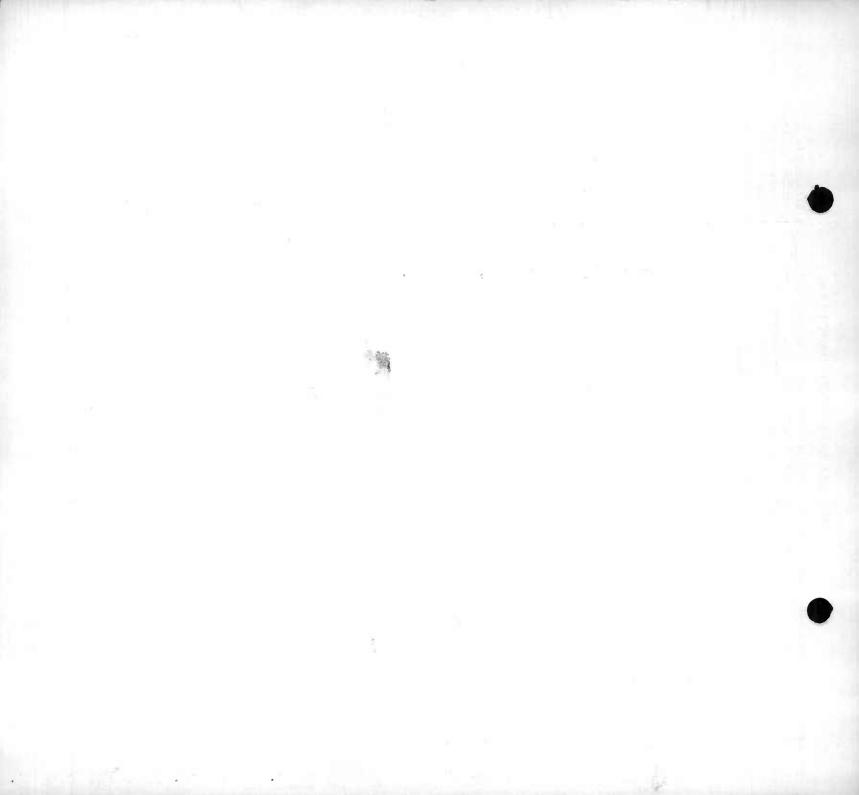
,		ORE CITY HEA					ha. a	
	MEDICAL EXAMI	MER'S C	ERTIFIC	CATE OF	DEATH	REG. NO.	71	3325
	TH NO. NAME OF DECEASED						V	To:
(Тур	GEORGE WARRINGTON		OF	Known Estimoted	Month	Day	Yeor	Hnur
4 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	DEATH 3. DATE	Estimoted L	Month	Doy	Yeor	Hour M.
FUL HOS	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)		1	INCED DEAD	April	3, 19		1:35 P. M.
OR	NOITUTION			SIDENCE (Where			: residence b	efore odmission)
0	729 South Bond Street		A. STATE	Maryland		. COUNTY	2	03
6. 5	EX 7. RACE B. MARRIED NEVER	MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
L		DIVORCED [Baltimor	e	YE	s 👽 🗈	NO []
9. [6/15/1920 10. AGE (In years If Under 1 Yr. 1 Months, Days	f Under 24 Hrs. Hours Min.	E. STREET A	729 Sout	h Bond	Street		
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN C	F	13. FATHER	SNAME			TELL	
	Delaware	DF UNTRY? USA	Geo	rge L. V	Varrin	gton S	r.	
	USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS	OR INDUSTRY				0		
done	during most of working life, even if retired)		На	llie May	, Alle	n		
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOC	IAL	18. INFORM		ALLO		DRESS	7 10
(Yes	no or unknown) (If yes, give wor or dotes of service) SECU	JRITY NO.		s. Mario	~ ^		5220	Frankion
-		-16-518 AUSE OF DEAT		S. Mart	JII He	na ymor		AVENUE
	2111	AUGE OF DEAT					BETWE	EN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			1 . 1 .				
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO, OR A	AUSE PLO	kwickian	syndron	ne		
	injury or complication which coused death.)							
	ANTECEDENT CAUSES	2					95	
	DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR A	AS A CONSEC	UENCE OF:				
	UNDERLYING CONDITION LAST							
8		c)						
AT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						J-34	
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
RTI	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH O	PERATION WA	S PERFORM	ED			21. AUTOP	SY? (Yes or No)
낑							No	
CAL	22A. EXTERNAL CAUSE WAS 122B, PLACE OF	INITIPY(e.g. i	in or obout 2	C. WHERE DID	/If in Rollings	City plus ave		,
		ory, street, office	bldg., etc.) If	JURY OCCUR?	(ii iii boliiiiiore	City, give exc	ci iowiion,	
Σ	OF INITIRY	OCCURRED		2F. HOW DID IN	JURY OCCU	R?		
	(APPROX.) WHILE AT	TON TA	ORK					
	23. I certify that I held on Inquiry Inspect	don 🔽 🗛	onsy 🗆	ond that on t	hle hasis d	leath in my	oninlan	
	resulted from: Notural causes X Aceldent		_				_	
	Accident [Joleide		HIEF MEDICAL E		ed monner L	_	
	ACTUAL () A A A A A A A A A A A A A A A A A A					-		DATE SIGNED
	SIGNATURE CLAVIS SOME	M.D.	•	STANT MEDICAL				
	EXAMINER'S Charles S. Springat			CIATE MEDICAL E	EXAMINER [→ Apı	cil 4,	1971
	AOVAL (Specify)	of CEMETERY			LOCATION		or county)	(Stote)
_		ney Val				re Mar		1
254	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGI		-	UNERAL DIRECTO			DDRESS	
	APR 6 1971 Robert E. Farber, M.	0,	Lec	onard J	Ruck	Inc.	5305 F	Harford R
VS	51-REV. 1/1/68							



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

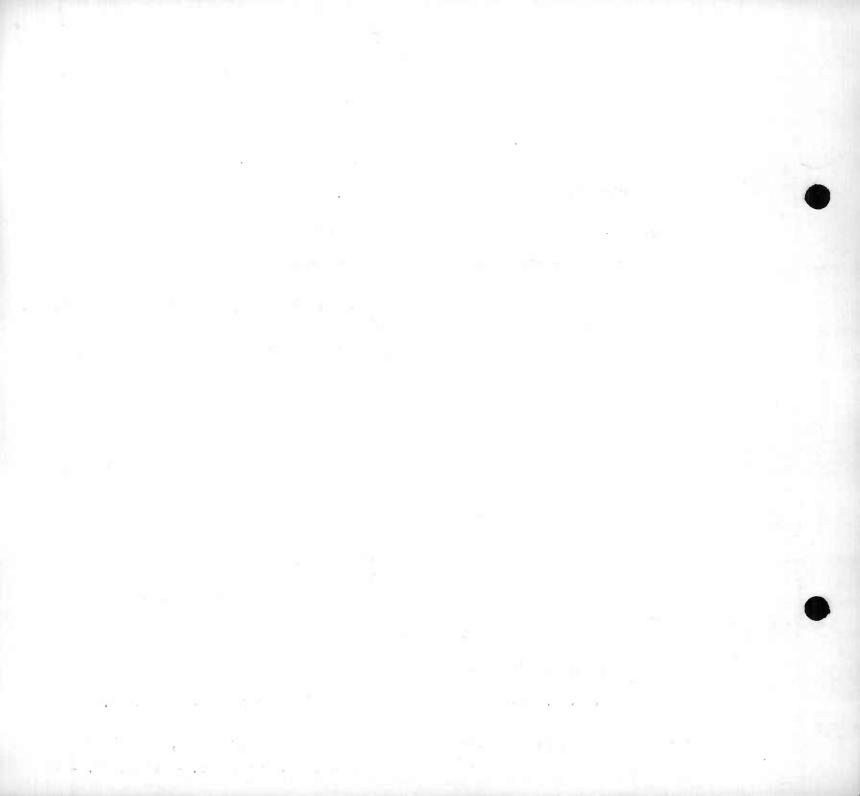
G-600 71 3326	BALTIMORE CITY	HEALTH DEPARTMENT	74 2020			
G-600 71 3326	CERTIFICA	TE OF DEATH RE	G. NO. 11 3320			
NAME OF DECEASED	,	2. DATE AND HOUR	OF DEATH			
Typo or Printl Geley. Robe	y + J.	Sr. April 4	4. 1971 4 A M.			
PLACE IN BALTIMORE, MARYLAND WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCEAWhere deceases	dived. Il institution: residence before admission)			
TULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ION, GIVE STREET	Mary land	2706			
NSTITUTION Union Mamorial	Hospital	C. CITY OR TOWN	D. INSIDE CITY LIMITS?			
44 33 to and Calva	1 54	E. STREET AND NUMBER	YES NO NO			
// 33 - TO CAIVE	1 2/3,	2708 White	Avenue			
SEX 6. RACE . 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un	years II Under 1 % II Under 24 Hrs. Months: Days Hours Min.			
Male Cancesian WIDOWSDE		July 9, 1902	40			
A. USUAL OCCUPATION (Give kind of work 108, KIND OF Bone during made of working life, eyen If refired)		11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY			
Retund Auto 1	Parts	Washington, D.C.	U, S, A,			
FATHER'S NAME		14 MOTHER'S MAIDEN NAME				
UKNYKKXXXX ? ? Ge	ier	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	R ? Neslein			
	6. SOCIAL SECURITY NO.	17. INFORMANT	. 8715 Richmon			
		Mr. Robert J. Ge	eier Jr. Avenue			
18. 4 4 1 1 1	CAUSE OF DEATH		APPROXIMATE INTERVAL			
DISEASE OF CONDITION DIRECTLY		De tubed lolt	C. A. A. M. T.			
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE KNYWOOD TEGY A	un arary			
heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:	2			
injury or complication which caused death.)	anewy	interestables tis	Somet descare.			
ANTECEDENT CAUSES	(B) senese	amerando sorce	Mar vo or seeme			
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the	DUE 10, OR AS	A CONSEQUENCE OF:	7 / .			
UNDERLYING CONDITION last. (C) Alam Alafalla						
11		70				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 3 (A).						
	ICH OPERATION	[20A-AUTOPSY? (Yes or No.)] 208. IF	YES, WERE FINDINGS CONSIDERED			
WAS PERPORMED			YES, WERE FINDINGS CONSIDERED TIFTING CAUSES OF DEATH?			
214 ACCIDENT WAS UNDERLYING 21B. PI			If in Bolilmore City, give exact location)			
OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examines)	farm, factory, sireet, of	ice bidg. INJURT OCCUR?				
210-TIME (Month) (Doy) (Year) (Hour 21E, II	NJURY OCCURRED	21F. HOW DID INJURY OCC	UR?			
(APPROX.) White	At Work					
22. I certify that (I) (this hospital) attended the		Harit 2 1971	19 April 4 1971			
that (1) (we) lost saw the deceased alive an	April U		(aur) opinian death accurred on the date			
ond hour and from the couses stated above. (1)	(me) (ata) (ata not) v	iew the body diter death.	238, DATE SIGNED			
MC SE		Med. Staff. Director Phys. Q	- 11/1/1/107			
23 C. PHYSICIAN'S	DEGREE Phys	3D. ADDRESS	14ph. 17/17/1			
NAME (Typel						
	DEGREE					
A BURIAL CREATATION 1949 BASE		MAYON IND LOCK	(City town of the A			
4A. BURIAL CREMATION, 248. DATE 24C, NAN	AE of CEMETERY of CRE	MATORY 24D. LOCATION	(City, town, or county) (State)			
Burial	AE of CEMETERY of CRE	1.0	more Marvland			
	AE of CEMETERY of CRE	Pemer Cem Baltir 25C. FUNERAL DIRECTOR				





1	K-400		71	332	.09	HEALTH DEPARTM		REG. NO.	71	3328
BI	RTH NO.				CERTIFICA	TE OF DEA	TH	REG. 140		<u> </u>
	Pe or Print)	EASED EL	izolie	th	F. Kell	2.0	APRIL 4	R OF DEATH		5.45
3.	PLACE IN BAL	TIMORE, MARY	LAND, WI	TERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E IWhere deceo:	sed lived. If inst	itulion: resid	ence before odmission)
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT II	N HOSPITA OR LOCA	TION)	UTION, GIVE STREET		nd Bal		E CITY LIMIT	5300
1	mary	pland (Type	sal 1	tospital	E. STREET AND NU	MBER	In TR	YES [ио 🔀
5.	SEX /	6. RACE	11 1	MAPPIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In voors	If Under 1	Yr If Under 24 Hrs.
1	famile	whi	Ce.	WIDOWED	DIVORCED	Sept. 7.	06 last birth	doy) 64	Months Do	ys Hours Min.
dor	USUAL OCCU	JPATION (Give k	ind of work	OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole	or loreign count	ry)	12. CITIZEN	OF WHAT COUNTRY?
	Homema					I	taly			USA
13.	FATHER'S NA	ME				14. MOTHER'S MAID	EN NAME			-
		Josepl	h Sor	tino		Jos	ephine	?		
15. (Yo	Wos Deceased s, no or unknown)	Ever in U. S. A	rmed Force	of sorvice)	1 6. SOCIAL SECURITY NO.	17, INFORMANT			A	DDRESS
	No				216-01-978	Mr. Edm	und B.	Kelly		Same
Г	18. / 5	3 1			CAUSE OF DEAT	H			A	PPROXIMATE INTERVAL
		E OR CONDIT		CTLY		Pour	110	. 0.	100.1	3 Month
	(This does n	of meon the	mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	9- (deon		0 /1.4 miles
	heori lailure,	asthenio, etc. plication which	It means t	he diseose.	DOE 10, OK AS	A CONSEQUENCE OF:	¥			
Н		ANTECEDENT	CAUSES		mo	tastoris ?	to liu	er, I		. 11
	DISEASES O	R CONDITIO	NS, if a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF				***************
	UNDERLYING	above cou	se (A) :	stating the	(c) too	indice				
		- 11			(0)			***************************************		
ATION	TO THE DEATI	CANT CONDITION H BUT NOT RELA ONDITION GIVE	TED TO THE	TERMINAL	***********************	***************************************	***************************************			***************************************
RTIFIC	NON	OPERATION I	98 COND WAS PERFO	TION FOR V	VHICH OPERATION	20A-AUTOPSY? (Yo	s of No) 208, IF	YES, WERE FIN	IDINGS CO	NSIDERED TH?
A	IOR CONTRIBU	TING CAUSE medical examin	OF T	218, hometc.)	PLACE OF INJURY (e.g., I e, form, fociory, street, of	n or about 21 C. WHERE fice bldg., INJURY OCC	DID CUR?	(If in Boltimore C	City, give ex	oct location)
MEDIC	21 D. TIME OF INJURY	(Month) (Doy)	(Yeor)	(Hour) 21E	INJURY OCCURRED	21F. HOW D	ID INJURY OC	CUR?		
2	(APPROX.)			While	le At Not While	• 🗆				
	22. I certify	that (1) (this	hospital)	attended th	e deceased from	PRIL I	19_7/	to APR	14 4	19 27
	that (1) (we)	lost sow the	deceased	alive on	APRIL 4	19 7/	ond that In (m)	(our) opinio	on deoth o	ccurred on the dote
			ses state	d abave. (#)	(We) (did) (did not) v	few the bady ofter d	leath.			
	23A. SIGN AT U	RE	1 +	21	M. D. AHO			2:	38, DATE SI	GNED
	10	e 0	St C	Done	DEGREE Phys		Staff Phys.		April	4,1971
	PHYSICIAI NAME (Ty	JAE	1		HONG M.D	Maryl	and Gen	reral K	torpi	tal
24A	BURIAL CREA	AATION, 248. I	DATE	24C. NA	ME of CEMETERY OF CRE	MATORY J	24D. LOCATION	(City,	town, or co	unty) (Stotal
	Buria	_	4/7/7	1 Mos	st Holy Red	eemer Cem.	Balti	more Ma	rvlar	nd
25A	ADR 6	BY HEALTH DE	Beck 2	SB. NAME O	F REGISTRAR	25C. FUNERAL DIE				ADDRESS
L.	150-REV. 1/1/6	10/1	AN ALCONOM	_, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Leonard	J. Ruck	Inc.	305 I	Harford Rd





< =- 171 20	BALTIMORE CITY	HEALTH DEPARTMENT		1718 0000			
0-530 I	CERTIFICA	TE OF DEATH	REG. NO	71 3330			
1. NAME OF DECEASED (Type or Print)	1. 5	2. DATE ANI	HOUR OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONOLINCED DEAD			stitution; residence before admission			
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)		A. STATE B. COUNT	Υ	602			
אטווטווטא			D. INSI	DE CITY LIMITS?			
18MD. GEN. HO		DAUTO.		YES NO			
	V ANS	E. STREET AND NUMBER	BALTO	57. 2/22			
	RIED NEVER MARRIED	8. DATE OF BIRTH 19	. AGE (In years	If Under 1 Yr. , If Under 24 H			
T WIDO	WED DIVORCED	8-21-95	ost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.			
IOA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even il selired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	n country)	12. CITIZEN OF WHAT COUNT			
Retired BookKeeper		ME.		U.S.A.			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	1			
XXXXXXXXXX Jesse Sm	i6h	XXXXXXXXXX		T			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give was of dales of serv	icel SECURITY NO.	17. INFORMANT	Julia	ADDRESS			
MARKAN NAVA	212-07-6791	Robert Cunnin	ngham 825	Evesham Ave			
18. 19901	CAUSE OF DEATH	i e		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		/)		BETWEEN ONSET AND DEA			
(A)IMMEDIATE CAUSE / PATIE FAIL URG							
heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	dase, DUE TO, OR AS A	CONSEQUENCE OF:					
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, if any, gi	(B) 015 TO 08 AS	STASTATIC C	ARCINOT	nA.			
nise to the above cause (A) stoling UNDERLYING CONDITION last		A CONSEQUENCE OF:	UNDETER	minos			
II	(C)			***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO	NG NAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSIDERED			
21A. ACCIDENT WAS UNDERLYING	218 81 4 65 05 1444494		IN CERTIFYING CAU				
OR CONTRIBUTING CAUSE OF DEATH (notily medical examines)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, olf etc.)	or obout 21C. WHERE DID	(If In Boltimore	City, give exact location)			
OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?				
(APPROX.)	While At Wark Not While At Wark						
22. I certify that (i) this haspital attend		3- 43 19	7/10	4- 2 1971			
that (1) (we) last saw the deceased alive		19and that	in (my) (our) opini	an death occurred an the da			
and have and from the causes stated above	e. (I) (We) Adid) Ald not) vi	ew the body after death.					
23A. SIGNATURE			Ti Ti	23B, DATE SIGNED			
304	Atten Phys.	ding Med. Si	off D				
23C. PHYSICIAN'S	PEGREE	3D. ADDRESS	19 3, 100.00				
NAME (Type)	an ma	827/	000	Avr = 1201			
4A. BURIAL CREMATION, 24B. DATE 240	DEGREE C. NAME OF CEMETERY OF CREAT	MATORY 24D. LOC	ATION (City.	town, or county) (State)			
KENIO V AE (Specify)							
Burial 1/6/71	New Cathedra	25C, FUNERAL DIRECTOR	ltimore,	Maryland			
	Sey, A.D.		ick Inc. B	altimore, Md			
'S 150-REV. 1/1/68		12001101 0 110	2110 0	or ormore, Fig			



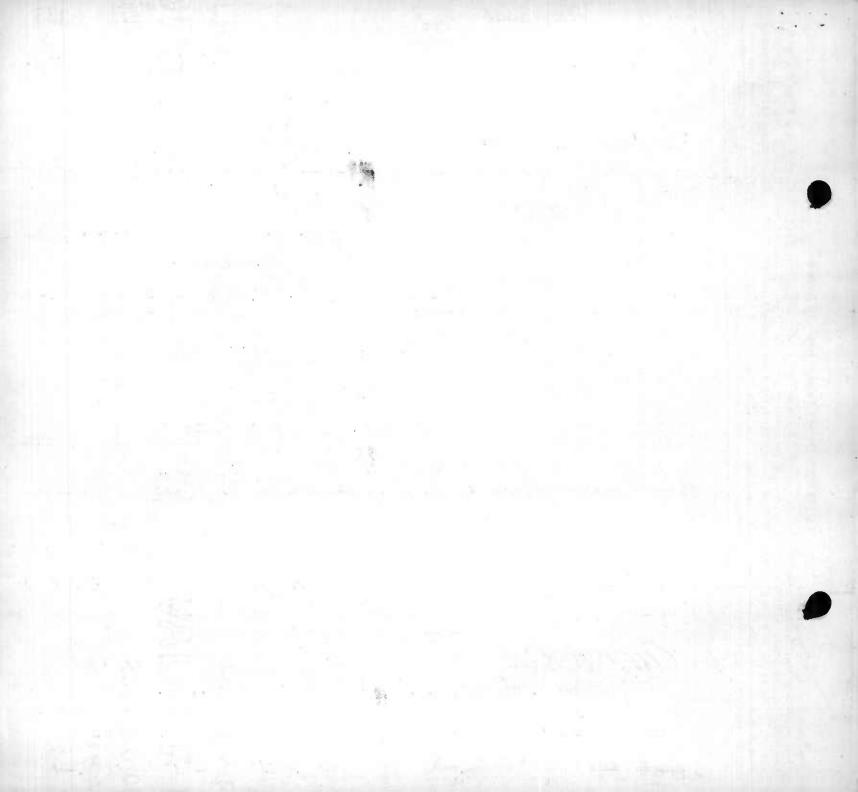
1	- 71	202	BALTIMORE CITY	HEALTH DEPARTMEN	NT	74 0004
BIRTH NO.		<i>აკა</i>	CERTIFICA			3001
(Type or Print)		M B. G.	ARLAND			11:55 A.
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If in	nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION				Md.	COUNTY	2741
		WILLIAM B. GARLAND WILLIAM B. GARLAND MORE MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) GOULD CONVAILE SATIUM GOULD CONVAILE SATIUM White White White WIDOWED DIVORCED ATION (Give kind ol work) 10 R. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign counlry) Printer Wer in U. S. Armed Forces? (yes, give wor or doles of service) (A) MARCHAND A USUAL RESIDENCE (Where deceosed lived, If institution: resid. A. STATE B. COUNTY Md. C. CITY OR TOWN Baltimore E. STREET AND NUMBER 3720 Chesmont Avenue May 18,80 ATION (Give kind ol work) 10 R. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign counlry) Printer Virginia CAUSE OF DEATH OR CONDITION DIRECTLY EADING TO DEATH MORE MARYLAND A. USUAL RESIDENCE (Where deceosed lived, If institution: resid. A. STATE B. COUNTY Md. A. STATE B. COUNTY MA P. INSTITUTION, A. STATE B. COUNTY MA. STATE B. COUNTY MA. STATE B. COUNTY MA. STATE B. CO	_			
90	Gould Conval	lesariu	n	E. STREET AND NUM	BER	
5. SEX	6. RACE	7				
Male	White	WIDOWED	DIVORCED T	May 18.80	lost birthdoy) 90	If Under 1 Yt. If Under 24 Hrs Months Doys Hours Min.
OA, USUAL OC	CUPATION (Give kind of work	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	of loreign country)	12 CITIZEN OF WHAT COUNTR
4 44 4 4	cell Co.		Printer			USA
20 LYIHEK 2 IA	AME			14. MOTHER'S MAIDER	NAME	
-	? ?		land	Sal	lie Brent	
Yes, no or unknov	ed Ever in U. S. Armed For	ces? s of service)	SECURITY NO.			ADDRESS
No			213-03-265	9 Mrs. Blanch	ne E. Garland	(Same)
18.	/ X I		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISE		ECTLY			11	SETWEEN ONSET AND DEATH
			(A)IMMEDIATE CAU	SE / bont	Chemin	
heart failure	na! mean the mode of	dying, e.g.,	DILE TO OR AC		*****	***************************************
injury at co	emplication which caused	death.l	b		^	1
	ANTECEDENT CAUSES		Thurst	al Giall	- Darlow	2 %
DISEASES	OR CONDITIONS, if o	onv. giving	DUE TO, OR ASS	A CONSEQUENCE OF)	Z Char
rise to t	he abave cause IAI	sloling the	1	00		1
UNDERLYIN	IG CONDITION last.		(c)	for men	mi	O denze
TO THE DEA	ATH BUT NOT RELATED TO TH	IE TERMINAL	Blodden can	Panhi; Umi To	of I feeling	
19A. DATE C	OF OPERATION 198 CONE WAS PERF	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes	OF NO. 208, IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	21 B, hom etc.)	PLACE OF INJURY (e.g., in e, form, loctory, street, alf	or obout 21 C. WHERE D	ID (II In Boltimore	e City, give exact location)
21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX)		Whi	ie At Not While			
		1 44 01	K - AT WORK		/	1.//
	y that (I) (this hospital)			/ 2//3/	19 <u>/ 6</u> to	7/2/19//
) lost saw the deceased		,	19.7/ on	d that in (my) (our) opli	nion death occurred an the date
and hour a	nd from the causes state	ed above. (1) (We) (did) (did not) vi	ew the body after dec	oth.	
23A. SIGNAT	Char B Bra	ship /		ding Med.	Shaff Phys.	23B DATE SIGNED
23C. PHYSICI NAME	ANS Typel Albert B	. Brad	2	D. ADDRESS		1 1 1
4A. BURIAL CR			DEGREE		Belair Road, B	
	EMATION, 24B. DATE (Specify)					y, town, or county) (Stote)
Buria				Cemetery	Baltimore 1	Maryland
APR 6	1971 Part 8	25B. NAME O		Leonard J.		Address ilto. Md. 21214
\$ 150-REV 1/1	/68	THE STATE OF THE S			, ,,, Du	



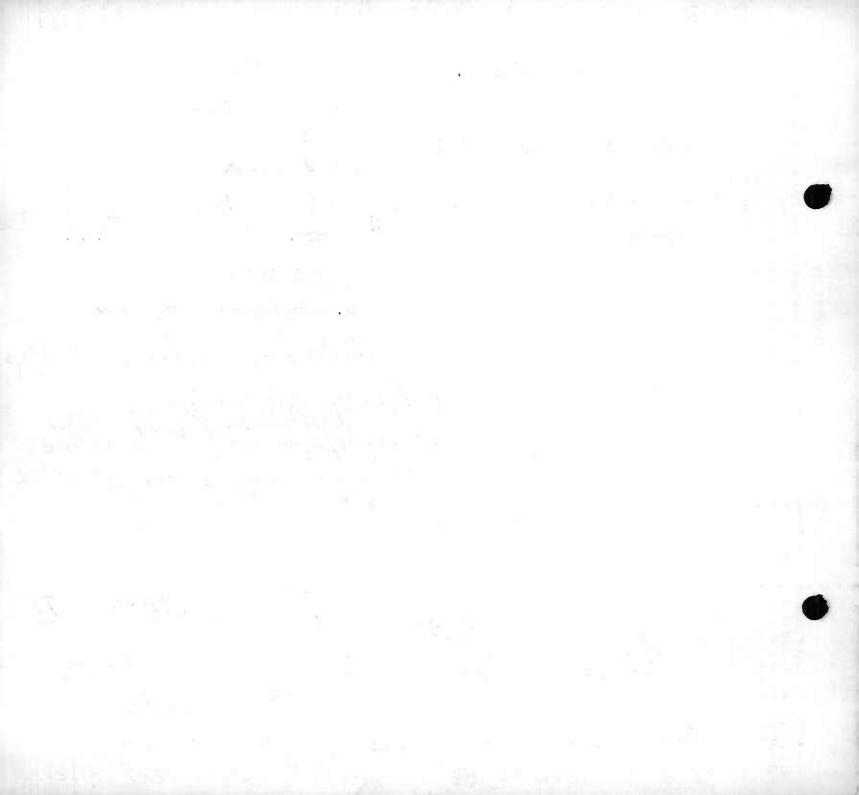
C-455 71 3332		HEALTH DEPARTMENT	REG. NO	71 3332
BIRTH NO. I. NAME OF DECEASED	0 .1 .		AND HOUR OF DEATH	
Clype of Print Clements, Bane	red Will	au Sr. a	buil 21	971 1 104 10' 04
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	stilution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN	73-111	WEL 903
44		Ballin	ve	YES NO
UNION HEMORIAL	HOSPITAL	E. STREET AND NUMBER	3 ST. Bal	Simore Warland 2171
5. SEX 6. RACE WIDOWED 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 06 -22-93	9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF Bit done during most of working life, even if relired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or la	reign country)	12. CITIZEN OF WHAT COUNTRY?
	intant	Harrland Jen	ma de la companya della companya della companya de la companya della companya del	Smerican
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
Sewellyn C	lemens	Harrie	Eren su	2,1
15. Was Deceased Ever in U. S. Armed Farcest (Tes, no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	20,000 III	ADDRESS
	12-07-1515	Mrs. XXX	WXXX Chris	tel K. Clements
18.450XI	CAUSE OF DEATH	11:10		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	//	nassul	11 en 1 - (ii	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE PULLINATION OF CONSEQUENCE OF:	g-omeanin	V
heart failure, osthenia, etc. It means the disease, injury ar complication which caused deoth.)	and ath	Muss lanche	heart disea	
ANTECEDENT CAUSES	o vyyn			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	D 2	1000
rise to the obove cause (A) stating the UNDERLYING CONDITION (ast.	(c)		psta	magnar
_ 11	10/2222			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*************************	***************************************		
19A DATE OF OPERATION WAS PERFORMED	CH OPERATION	20A. AUTOPST? (Yes of N	IN CERTIFYING CAU	INDINGS CONSIDERED
	CE OF INJURY le.g., in corn, factory, street, all	er about 21 C. WHERE DID	(II In Boltimore	City, give exect location)
	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.) White Wark	Not While			
22. I certify that (i) (this hospital) attended the		23-25-	19) 1 to By	20 7 10 1/
	Heril 2	19		Ion death occurred on the date
and hour and from the causes stated above. (1) (1)	(e) (did) (did not) vi			on seem eccorred on the date
23A. SIGNATURE				23R DATE SIGNED
alloser	Alten Phys.	ding Med. Director	Staff Phys.	April 2, 1971
23C. PHTSICIAN'S NAME (Type) TULLO BS ATO		D. ADDRESS	DU) MR	HORIAI HOLD
Ve 2	ef CEMETERY OF CREA	MATORY 24D. I	OCATION (City	town, or county) (Stote)
	wood Cemet	100	Baltimore	
25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
APR 6 1971 Pale E Jake	43	Leonard J.	Ruck Inc.	5305 Harford Rd.



V\$ 150-REV. 1/1/6B







IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO

USA

APPROXIMATE INTERVAL

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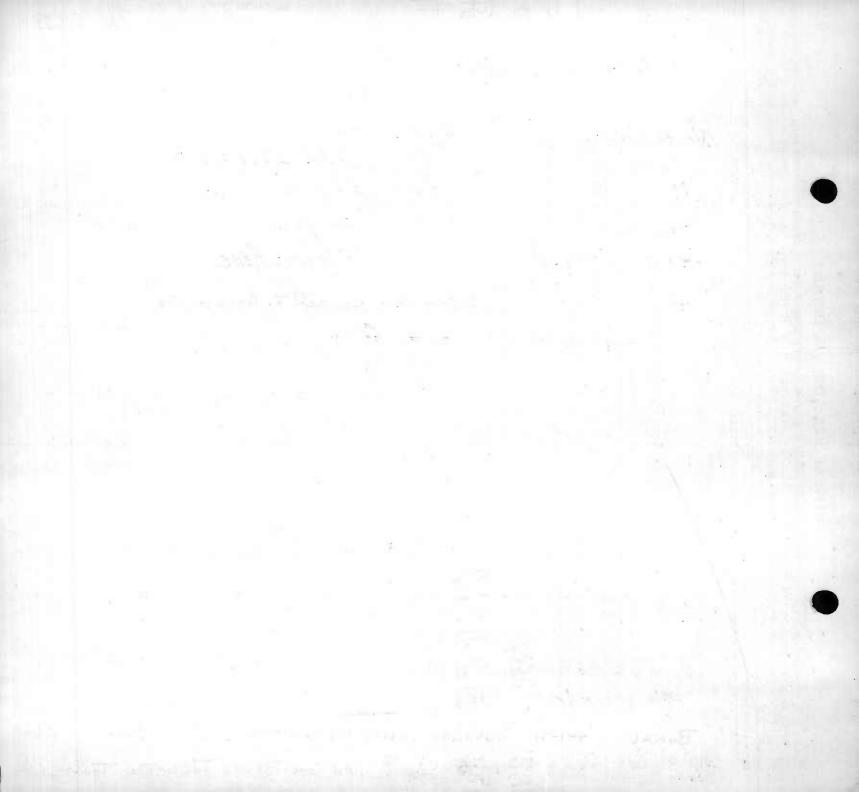
7 (Slote)

If Under 24 Hrs. Haussi Min.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medic the body was released to the hospital by a medicc shows: (1) An accident of any nature; (2) Body burns was D.O.A. at a hospital (except where the physic deceased prior to death); and (6) No physician wa written approval must be obtained before the rema	2

FUNERAL DIRECTOR: IMPORTANT

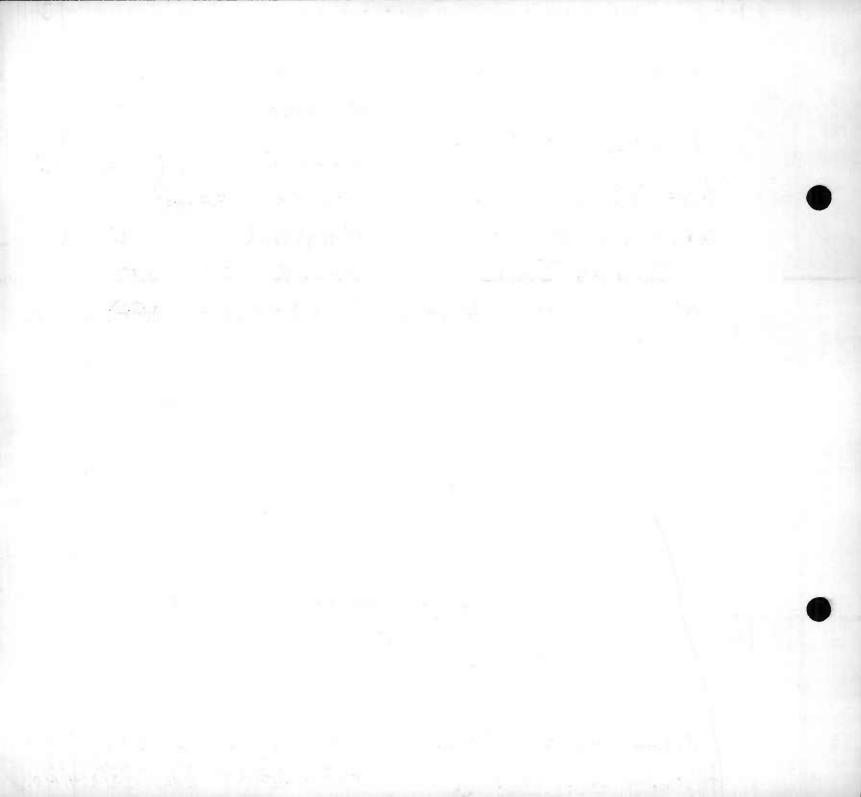
	BALTIMORE CITY	THE TELL PERMITTING	\/	1011
H-6/2 71 333	CERTIFICA	TE OF DEATH	REG. NO	/1 3337
NAME OF DECEASED	1/ /	2. DATE AN	D HOUR OF DEATH	
HERDST, Dr.	Howard F.	4,	13/7/	11:25 PN
PLACE IN BALTIMORE, MARYLAND, WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e duceased lived. If	institution: residence before admission)
LL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland	210	030 5301
OSPITAL OR ADDRESS OR LOCATION)	111 11	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
Jorth Charles Gen	eral Hospital	E. STREET AND NUMBER		YES NO NO
40.214		232 5%	David (4)	
SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
A / //	OWED DIVORCED	5-7-10	lost birthdoyl	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 B. KIP	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
BANKER		Maryland.		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Ŋ.E	
John F. Herbst		Eleanor K	ONE	
Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
NO	vice) SECURITY NO.	Hamas O T I	terbst J	
18. 2 0 2 0	CAUSE OF DEATH		LEEDST 7	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			ė.	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	ice Poisance D	worde n	7 dows
(This does not mean the mode of dying, heart failure, asthenio, etc. 11 means the dis	e.g., DUFTO OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)				
		1. 00		
ANTECEDENT CAUSES	(Chrone	ic Alcoholi	ison .	154-5.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	giving (B) DUE TO, OR AS	a consequence of	son:	154-5.
ANTECEDENT CAUSES	giving (B) DUE TO, OR AS	A CONSEQUENCE OF	son .	154-5.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, on the control of the control	giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	son:	154-5.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, is the obove cause (A) sloting UNDERLYING CONDITION lost.	giving the (C)	A CONSEQUENCE OF	son .	154-5.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, is the obove cause (A) sloting UNDERLYING CONDITION lost.	(B) DUE TO, OR AS the (C)	A CONSEQUENCE OF:	sm:	154-5.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, is to the obove cause (A) sloting UNDERLYING CONDITION lost.	giving (B) DUE TO, OR AS (C)	A CONSEQUENCE OF:		15 4-5 . FINDINGS CONSIDERED AUSES OF DEATH?
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gise to the obove cause (A) stoling underlying condition lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AUSE OF	(B) DUE TO, OR AS the (C)	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the obove cause (A) stoling UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	ING INAL TOR WHICH OPERATION 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram	20A. AUTOPSY? (Yes or No. nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C. (If In Boltimo	ore City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the obove cause (A) stoting UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hourd OF INJURY (APPROX.)	FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 218. INJURY OCCURRED While At Not While Work At Work ded the deceased fram an 1 - 3	20A. AUTOPSY? (Yes or No. nor obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C. (If In Boltimo	ore City, give exact location)
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the obove cause (A) stoling UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE A. BURIAL CREMATION, 24B. DATE 2	JULE TO, OR AS the (C)	20A. AUTOPSY? (Yes or No. nor obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 and the iew the bady after deoth. Inding Med. Director 22D. ADDRESS	URY OCCUR? 10 Ta. 4 11 (my) (aur) ap	pre City, give exact location) 19 7/ pinian death occurred on the dat 238. DATE SIGNED 4-3-7/ City, town, or county) (State)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stoling UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) (Hourd OF INJURY (APPROX.) 22. I certify that (I) (this haspital) after that (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 25C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 25C. PHYSICIAN'S NAME (Type)	JULY OCCURRED While At Not While At Work ded the deceased fram an 1 - 3 ve. (I) (We) (did) (did nat) v DEGREE ACNAME OF CEMETERY of CAREY ALLE DULY NEW ALLE DULY	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OF AND	URY OCCUR? 10 Ta. 4 11 (my) (aur) ap	23B. DATE SIGNED 4-3-7/ City, town, or county) (Stole)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, is ise to the obove cause (A) stoling UNDERLYING CONDITION lost. I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION (IVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 22. I certify that (I) (this haspital) after that (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	JULE TO, OR AS the (C)	20A. AUTOPSY? (Yes or No. and obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 and the iew the bady after deoth. 23D. ADDRESS	208. IF YES, WERE IN CERTIFYING C. (If In Boltimo	pre City, give exact location) 19 7/ pinian death occurred on the dat 238. DATE SIGNED 4-3-7/ City, town, or county) (State)



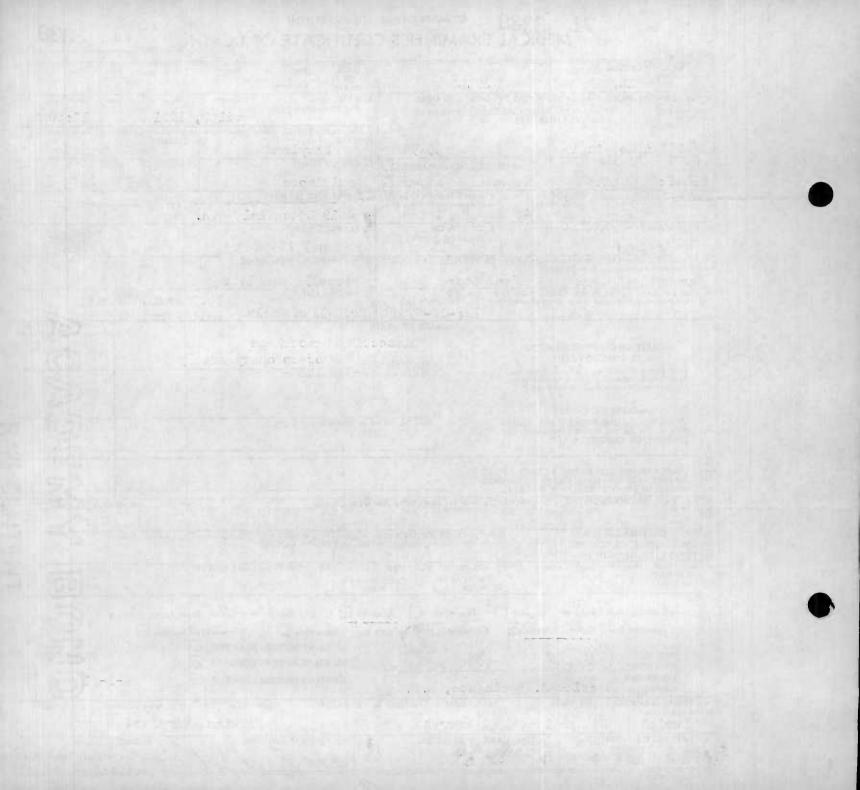
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DIRECTOR:

FUNERAL



324 N. Main Street

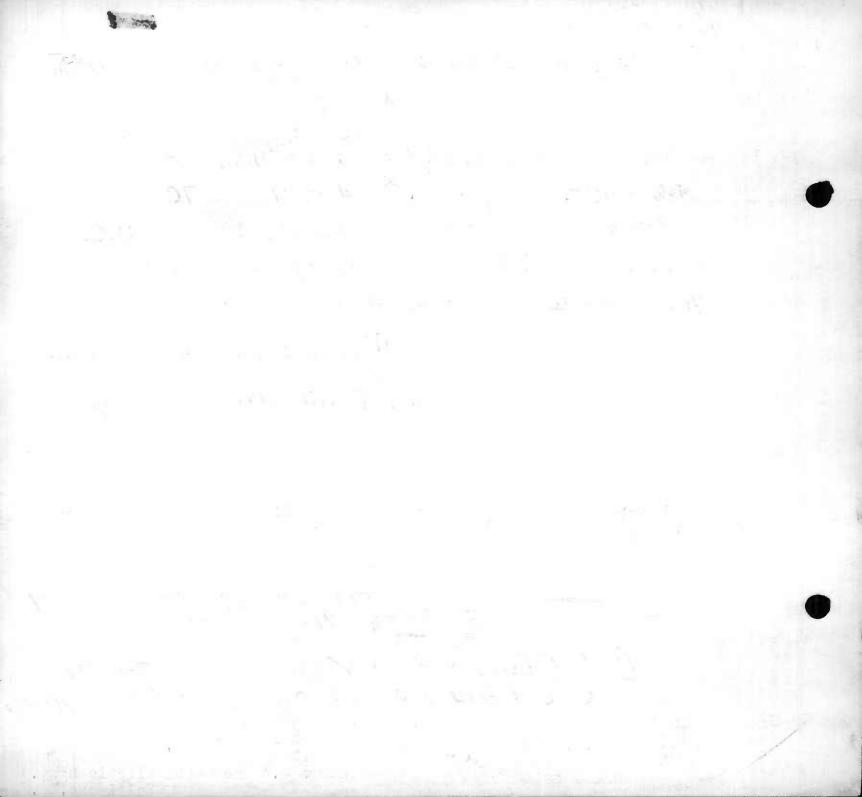


	V-27/2 /1 22/10	Y HEALTH DEPARTMENT	74 2240
6.6	BIRTH NO.	ATE OF DEATH REG. NO.	1 3340
	Type of Print! HARRY PEDDICORD	2. DATE AND HOUR OF DEATH	111:10 0
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doceosed lived. If institution:	residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	C. CITY OR TOWN D. INSIDE CITY	5300 LIMITS?
4	SINAI HOSPITAL	E. STREET AND NUMBER	
	S. SEX AN 6. RACE TO MARRIED THE ALCOHOLD	PLEASANT MANOR NURSING	
	WIDOWED DIVORCED	1 11 HUO TO 1 X5 1	or 1 Y. If Under 24 Hrs. Min.
	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		ZEN OF WHAT COUNTRY?
1	Machinist- retired Machine Shop	Maryland	USA
	3. FATHER'S NAME Howard Peddicard	14. MOTHER'S MAIDEN NAME Unknown	
1	5. Was Deceased Ever in U. S. Armed Farcas? Yes, no or unknown) (If yes, give war or dates of service) No None	Ross Stitchberry, 2917 Overland	address
1	18. 44 / CAUSE OF DEAT		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MYOCA	RDIAL INSUFFICIENCY	BETWEEN ONSET AND DEATH WEEKS
	(This does not mean the mode of dying, e.g., heart foilure, osthenic, etc. It means the disease, injury or complication which coused death.)	JSE A CONSEQUENCE OF:	
	ANTECEDENT CAUSES ASCU	D	VEARS
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
	nise to the above couse (A) stating the UNDERLYING CONDITION lost. (C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION WAS PERFORMED 214-ACCIDENT WAS UNDESTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
:	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., independent of the contribution of the contribu	n or about 21C. WHERE DID (If in Boltimare City, give bidg., INJURY OCCUR?	re exact location)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Month At Work	21E. HOW DID INJURY OCCUR?	
	22.1 - 45.4 - 45.41.1 1 4.15 - 1.15	6 March 197/10 2apr	10.71
	that (H) (we) last saw the deceased alive on 2 MM	19ond that in (my) (our) opinion dec	
	and hour and from the causes stated above. (1) (Ne) (did) (did not) v	lew the bady after death.	
	ather M. Nagner M.D. AH	adian C Mad - C # -	TE SIGNED SPRIL 71
	DEGREE	23D. ADDRESS 3(NA)	VI - VI
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE		or countyl (State)
	Burial Apl. 5, 1971 Loudon Park Cemex		·
	APR 6 1971 Pascal L. Jailey, M.D.	John Burns, Sons, Towson,	Maryind

2902 Linganure AVE.

11 11 001	j	A OOA	BALTIMORE CITY	Y HEALTH DEPARTMENT	\	
BIRTH NO.	1	1 334	CERTIFICA	TE OF DEATH	REG. NO	71 3341
1. NAME OF DEC (Type or Print) 3. PLACE IN BAL	TIMORE MARYLAND	WHERE PRONO	UNCED DEAD	14. USUAL RESIDENCE IWhen	D HOUR OF DEATH	3.35 A constitution; residence before admis
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTIT	UTION, GIVE STREET	A. STATE B. COUN C. CITY OR TOWN	140,	IDE CITY LIMITS?
South	Baltin	1010 Gene	allos le	E. STREET AND NUMBER 3006 Vers	e Maria	YES NO
5. SEX	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
done during most of	working life, even il relin	ed)	F BUSINESS OR INDUSTRY	Balt imore	gn country	12. CITIZEN OF WHAT COUR
13. FATHER'S NAP	WE /	D	n rancexa.	14. MOTHER'S MAIDEN NAM) /+
15. Wes Deceased (Yes, no of unknown)	Ever in U. S. Armed	Forces? dotes of service)	16. SOCIAL SECURITY NO. 219-61-4779	17. INFORMANT	a Itall	ADDRESS
(This does n	E OR CONDITION LEADING TO DEA' ol mean the mode asthenia, etc. Il mer plication which cau:	TH of dying, e.g., ons the disease.	DUE TO, OR AS	cina Pal	Lung E	APPROXIMATE INTERV BETWEEN ONSET AND D
DISEASES O	ANTECEDENT CAUSER CONDITIONS, above cause (CONDITION last.	if any, giving		A CONSEQUENCE OF:		
Z	CANT CONDITIONS	O THE TERMINAL	*****************		****	
O THE DEATH O THE DEATH O DISEASE OR CO	OPERATION 198 C	ONDITION FOR W	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES. WERE F	INDINGS CONSIDERED
TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN	OPERATION 198. C WAS I	PERFORMED 218.	PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No) n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?		INDINGS CONSIDERED JSES OF DEATH? City, give exect location)
OR CONTRIBUTED DEATH (notify	OPERATION 198 C	ONDITION FOR WPERFORMED 218. ham. etc.) orl (Haud 21E. Whil	PLACE OF INJURY (e.g., in e, farm, foctory, sheet, affi	n or obout 21C, WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	
OR CONTRIBU DEATH (nosity DEAT	OPERATION GIVEN IN 198. C OPERATION 198. C WAS I IT WAS UNDERLY TING CAUSE OF medical examined (Month) (Doy) (Ye that (1) (this hospi	ONDITION FOR WEERFORMED 21 B. harmselec. onl (Haud 21 E. Whill Warl tal) attended the assed alive an	PLACE OF INJURY (e.g., in e., farm, foctory, street, affinition) INJURY OCCURRED IN At Work At Work The deceased from The deceased from 2:30 Au	21F. HOW DID INJU	(If in Boltimore	
OR CONTRIBUTED DEATH (notify DEATH (notify 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATURE	OPERATION 198. C OPERATION 198. C WAS I IT WAS UNDERLYING TING CAUSE OF medical examines (Month) (Doy) (Ye that (1) (this hospi last saw the deced from the causes s	ONDITION FOR WEERFORMED 21B. ham. etc.) oil (Haw) 21E. Whill Warl tal) attended the ased alive an	PLACE OF INJURY (e.g., inee, farm, foctory, street, affiliation, f	21F. HOW DID INJU	(If in Boltimore	City, give exect locotion)
OR CONTRIBUIDE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty)	OPERATION GIVEN IN 1 OPERATION 198. C WAS I IT WAS UNDERLING TING CAUSE OF medical examined (Month) (Doy) (Ye that (1) (this hospilast sow the decer from the causes see	onl (Haud 21E Whit Wart tal) attended the ased alive an attended above. (1)	PLACE OF INJURY (e.g., in e., farm, foctory, sheet, affine, for the state of the st	21F. HOW DID INJURY 21F. HOW DID INJURY 19 and the lew the bady after death. Adding Med. Director F	(If in Boltimore JRY OCCUR? 9to t in (my) (our) apin Staff	City, give exect location) 4/4 19 2/ stan death accurred an the course of the course
OR CONTRIBUTED DEATH (notify DEATH (notify 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATURE	OPERATION GIVEN IN 198. (OPERATION 198. COMMAN 198. CO	ONDITION FOR WEERFORMED 21B. harmetc.) orl (Haud 21E. Whill Wark tal) attended the ased alive an attended above. (I)	PLACE OF INJURY (e.g., in e, farm, foctory, sheet, affine, farm, f	21F. HOW DID INJU 21F. HOW DID	(If in Boltimore JRY OCCUR? 9to t in (my) (our) apin Staff	City, give exect location) 19 2/

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FUNERAL DIRECTOR: IMPORTANT

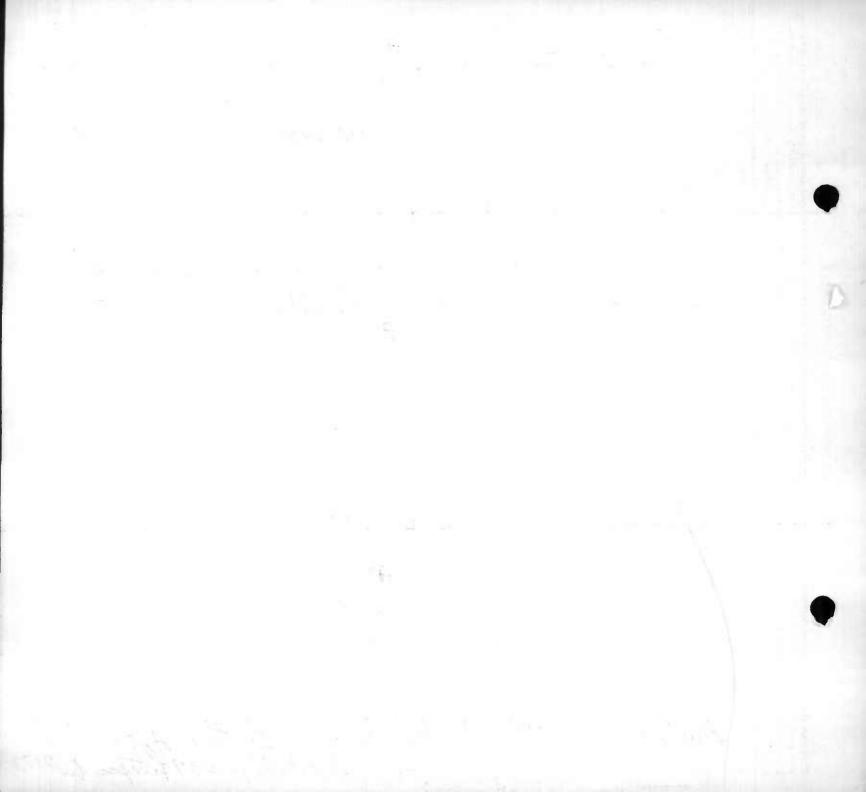
H-625 71 3343		TE OF DEATH	K REG. NO	71 3343
1. NAME OF DECEASED (Type or Print) HARRIGAN MA	RY A	2. DATE	4 1 71	6:45PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) ADDRESS OR LOCATION)		4. USUAL RESIDENCE (W. A. STATE B. COL MARY LAND	BALTO CO	stitution: residence before admission) 5 2 0 0 DE CITY LIMITS?
ST AGNES HOSPITAL, BALT	0., MD.	BALTO. E. STREET AND NUMBER SHANGRI LA		YES NOXX
FEMALE WHITE WIDOWEDX		8. DATE OF BIRTH 9 13 93	9. AGE (In years lost bisthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF Idense during most of working life, even if refired)	BUSINESS OR INDUSTRY	CZECH.	reign country)	12. CITIZEN OF WHAT COUNTRY
FRANK WYNIKAL		14. MOTHER'S MAIDEN N. (WHEKET)	AME	
15. Wes Deceesed Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give wor or dotes of service) NO	6. SOCIAL SECURITY NO.	ST AGNES HO	BALTI DSP. WILKE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO, OR AS	A CONSEQUENCE OF:	tie. S. PH	55day
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 3-3-71	HICH OPERATION (P) + P	en Inoch. S	IN CERTIFYING CAU	
OR CONTRIBUTING CAUSE OF COMMENT OF INJURY (APPROX.) OR CONTRIBUTING CAUSE OF COMMENT OF INJURY (Month) (Doy) (Year) (Hour) 21E II While Work	AI Not While	21F. HOW DID IN	gnila 1	of City, give exoct location 1530 4H. Boll. No.
22. I certify that (*) (this hospital) ottended the that (*) (we) last saw the deceased alive an	4-1	2-2/ 19_7/_ond+	19 7/ to opin	4-1- 19 71 Ion death occurred on the date
ond hour and from the causes stated abave. (1) (23A. 5IGNATURE Long - S. RITT 23C. PHYSICIAN'S NAME (Type)	Atter Phys.	nding Med.		238, DATE SIGNED 4-)-7)
GEORGE RITCHIE	MD DEGREE		OSPITAL, B.	ALTO., MD.
	oly Cross C	emetery E	3 ()	aryland ADDRESS 01. Ritchie Hgy.

216/71 Adm. 4411 Fourth St 21225

Color III

g = == = =

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH X REG. NO. 71 33	344
I. NAME OF DECEASED JUSAN AWIN (Type of Print) 2. DATE AND HOUR OF DEATH 3-31-71	832
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence be B. COUNTY A CO 802 BUE UA U BORN BORN BORN BORN BORN BORN BORN BORN	
INSTITUTION D. INSIDE CITY LIMITS?	49
UNIVERSITY OF MD. HOSPITAL E. STREET AND NUMBER 52	00
WIDOWED DIVORCED 3-29-7/ lost birthday) Months Doys Ho	Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) NEW BORN 12. CITIZEN OF WHO WAS A COUNTRY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) NEW BORN	AT COUNTRY?
RALPH HARTMAN CATHER'S MAIDEN NAME CATHERINE LOWINGE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of dates of service) 16. SOCIAL SECURITY NO.	4
	ATE INTERVAL
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.)	99999999999999999999999999999999999999
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION test. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) I RICUSPID ATRESIA ENYMORASTIC PHEATT	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OREPATION 198 CONDITION FOR WHICH OPERATION 199 (A) A NATIONAL 199 (A) A NATIONA	
WAS PERFORMED TRICUSPIN ATRESIA YES IN CERTIFYING CAUSES OF DEATH?	ED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, fociory, street, office bidg., INJURY OCCUR? DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, fociory, street, office bidg., INJURY OCCUR?	ion)
21D.TIME (Monthi (Doy) (Year (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While Work	
22. I certify that (1) (this hospital) attended the deceased from March 29 1971 to March 31 that (1) (we) last saw the deceased alive an March 31 1971 and that in(my) (our) opinion deoth occurred	19_7/
and have and from the causes stated above. (1) (We) (ald) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. 3-31-71	
23C. PHYSICIAN'S NAME (Type) KENNETH HOFFMAN DEGREE UNI UERSITY HOSPITA L 24Ay BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATION 14. (City form of county)	
Durint 4-2-71 Cedar Hill Cem. Balte, Anti	M.J.
APR 6 1971 Laber L. Reiber M.D. 25G. FUNERAL DIECTOR - D37 Labor	5 017

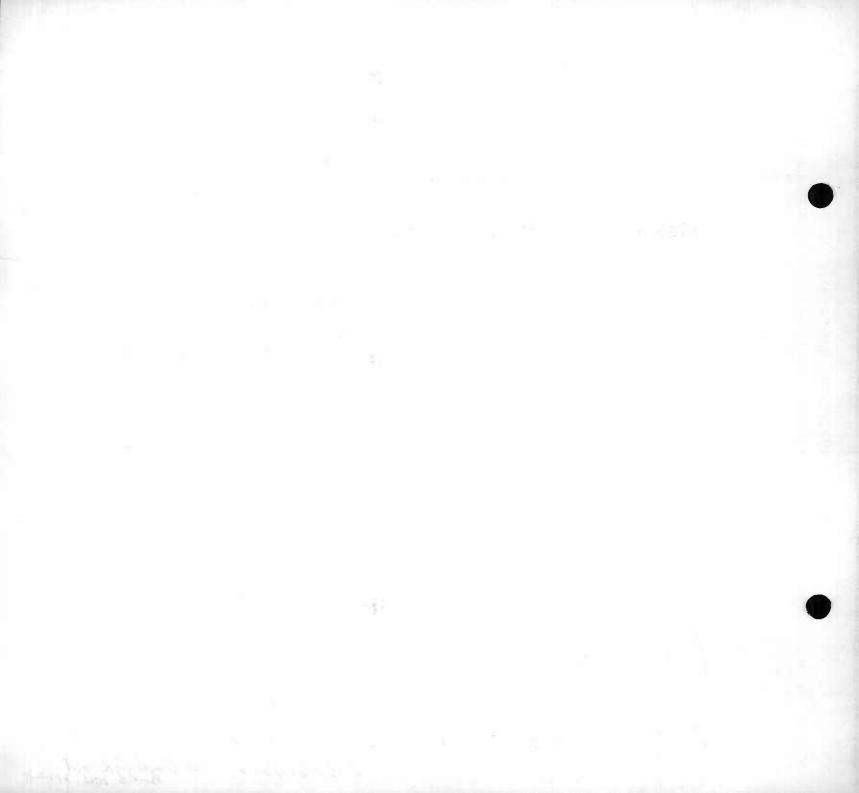


11	T-620 71 3345		HEALTH DEPARTMENT	X REG. NO. 71	. 3345		
	I.NAME OF DECEASED Type or Print) TARASCA ELV	IDΛ		D HOUR OF DEATH 1 L 03, 1971			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If inciting	tian: residence before admission)		
	FULL NAME OF HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	BALTIMORF	CITY LIMITS?		
	40 ST. AGNES HOSE	PITAL	BALTIMORE E. STREET AND NUMBER		S NO X		
1	5. SEX 6. RACE 7. MAD	RIED NEVER MARRIED		NGTON AVENU			
	FEMALE WHITE WIDO	WED N DIVORCED	01 27 97	last birthday) M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.		
	OA. USUAL OCCUPATION (Give kind of work 10B. KIN lone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of lorei	gn country) [1:	2. CITIZEN OF WHAT COUNTRY?		
11	HOUSEWIFE		ITALY		U.S.A.		
آ	3. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	AE			
	JOSEPH GALUPPI		ANNETTE LANZ	Δ			
To	5. Was Decased Ever in U. S. Armed Farces? (es,no ar unknawn) (II yas, give war ar dates of serv	ice) 1 6. SOCIAL SECURITY NO.	7. INFORMANT		ALTOPHE. 21229		
		219 26 2113	ST AGNES HO				
	18. / 5 6 / 1	CAUSE OF DEATH			APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carcinom	of Heratie d	uet with	BETWEEN ONSET AND DEATH		
	(This does not mean the made of dving	P.D.	E /	metantasis			
	head failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ease,	CONSEQUENCE OF:				
	ANTECEDENT CAUSES		-	-			
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS A	CONSEQUENCE OF:				
	rise to the above cause (A) stoling UNDERLYING CONDITION tast.	III.e					
	11	(c)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOTRELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	***************************************				
011111111111111111111111111111111111111	194. Date of operation 198. Condition F Was Performed Explor	()	NO	20B, IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?		
1	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21& PLACE OF INJURY (e.g., in home, form, factory, street, affic etc.)	ar about 21 C. WHERE DID	(If In Baltimare Cit	y, give exact lacotion)		
	21D-TIME (Month) (Day) (Year) (Haut)	21 E INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?			
	(APPROX.)	Wark At Work					
	22. I certify that (質(this hospital) attend	ed the deceased from MA	- 4	/I to APRIL			
	that XIX (we) lost saw the deceased alive		19. <u>7.1</u> and tho	t in (my) (our) apinian	death accurred on the date		
	ond hour and from the couses stated abov	e. 以 (Me) (did) (如文的) vie	w the bady after death.				
	23A. SIGNATURE). Mysoru	Altend DEGREE	ling Med. S	haff 23 B	DATE SIGNED GVM,		
	23C. PHYSICIAN'S NAME (Type) JESADA MU	23) PNGSOMBUT MD DEGREE	D. ADDRESS	Agner Her			
2	REMOVAL (Specify) 248, DATE 240	C. NAME OF CEMETERY OF CREM	ATORY 24D. LO	CATION (City, to	wn, or county) (Stole)		
_	BURIAL 3/7/71	CATHEOR	46 3	BALTO.	ms.		
L	APR 6 1971 Vale & E.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	8 301 FRE	DEAR RL		
V	150-REV. 1/1/68		/				

: elle 12, 121, e: de Here a second w TO SEE LEAD OF A Francisco Company of the Company o

	death occurred in a hospital and to contributing cause of death Undetermined cause; (5) Deceased as in regular attendance on the adeceased prior to death. Such sition is made.
IMPORTANT	or his assistant if c Also, if the direct re of any kind; (4) L nounced death wa attendance on the med or final dispos
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

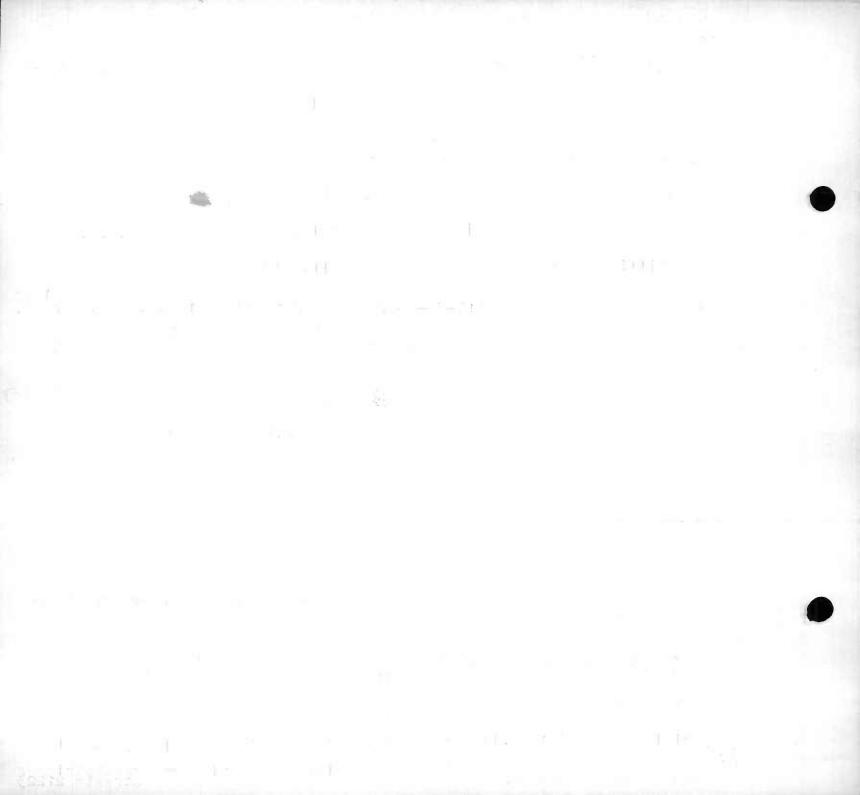
2 -60	In d	BALTIMORE CITY	HEALTH DEPARTMENT	V	71 3346
BIRTH NO.	71 334	6 CERTIFICA	TE OF DEATH	REG. NO	71 3346
1. NAME OF DECEASED (Type or Print) HELEN	M Day	1 = 1 = 0		ND HOUR OF DEATH	1,30
3. PLACE IN BALTIMORE, MA		NOUNCED DEAD		- ' /	institution: residence before odmission)
			A. STATE B. COU	NTY	
FULL NAME OF (IF NOT HOSPITAL OR ADDRES	IN HOSPITAL OR IN	STITUTION, GIVE STREET		ALTIMORE	
INSTITUTION			C, CITY OR TOWN		SIDE CITY LIMITS?
BON SECOU	RS HOSPI	TAL	E. STREET AND NUMBER		YES NO P
34			3506 OAK C	PAURT	
5. SEX 6. RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye . If Under 24 Hrs.
FW	WIDOW		9/22/24	last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give	kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, eve	on if refired)	RITE + CO.	MARKINE		11.00
13. FATHER'S NAME		7.16 4 10,	14. MOTHER'S MAIDEN NA	AAF	USA
GOR. LIND			4.		
15. Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	MARGARET	NASH	
(Yes, no or unknown) (If yes, give	wor or dotes of service	e) SECURITY NO.			ADDRESS
2		220-12-6363	HOSP. R	EC.	
18. 13 / 1		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONE	TION DIRECTLY		0		1
(This does not mean the	mode of dying e	(A) IMMEDIATE CAL		an I condi	C farter
heart failure, asthenia, etc	. It means the disea	ise,	A CONSEQUENCE OF:	1	0 1
ANTECEDEN		(Para)	0.10	0	
		(B) Can C	5 SVma	ch,	
DISEASES OR CONDITI	use (A) stating	ing DUE 10, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITIO	N last.	(c)			***************************************
11					
OTHER SIGNIFICANT CONDI	LATED TO THE TERMIN	IG Al			
DISEASE OR CONDITION GIV	EN IN PART 1 (A).	***************************************	1204	V 244	***************************************
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RE DISEASE OR CONDITION GIT TO THE DISEASE OF OPERATION TO THE DISEASE OPERATION T	WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A ACCIDENT WAS UND	ERLYING	218. PLACE OF INJURY (e.g., li	or obout 21 C. WHERE DID	Ité in Rollins	re City, give exoct location)
OR CONTRIBUTINO CAU	SE OF	home, form, loctory, street, of	fice bldg., INJURY OCCUR?	ht to pointe	re City, give exoct location)
Q 21D-TIME (Month) (De					
S OF INJURY		While At Not While	21F. HOW DID IN.	URY OCCUR?	
(APPROX.)		Work At Work			
22. I certify that (1) (this	hospital) attende	d the deceased from 4	12	19 10 4	3 . 19 7
that (1) (we) lost saw the	deceased alive o	n	19and th	at in (my) (our) opi	inton death occurred on the date
and hour and from the co	uses stated above	. (1) (We) (did) (did not) v	lew the body after death.		
23A. SIGNATURE	V.				23B, DATE SIGNED
K. 20	pry	Alter	nding Med. Director	Staff Phys.	
23C. PHYSICIAN'S NAME (Type)	フビレノ	DEGNES	3D. ADDRESS		
Home tryper	ZEKA	(9.	Bon Se	Cams.	
24A. BURIAL CREMATION, 24B	DATE 24C	NAME of CEMETERY OF CRE			ity, town, or county) (State)
REMOVAL (Specify)	1/1/	1 - '	-7	 ;	and and
25A, DATE REC'D BY HEALTH	OFPT. IGER MAAA	ST-MICH	755 EUNICA 1	ALBOT	Co. Mid
APR 6 1971	es E. Jaber	DE OF BEGISTRAR	25C. FUNERAL DIRECTOR	BC 301 7	rederick hd
VS 150-REV, 1/1/68	7.		C 10 1/100 /10		Badd med 21228



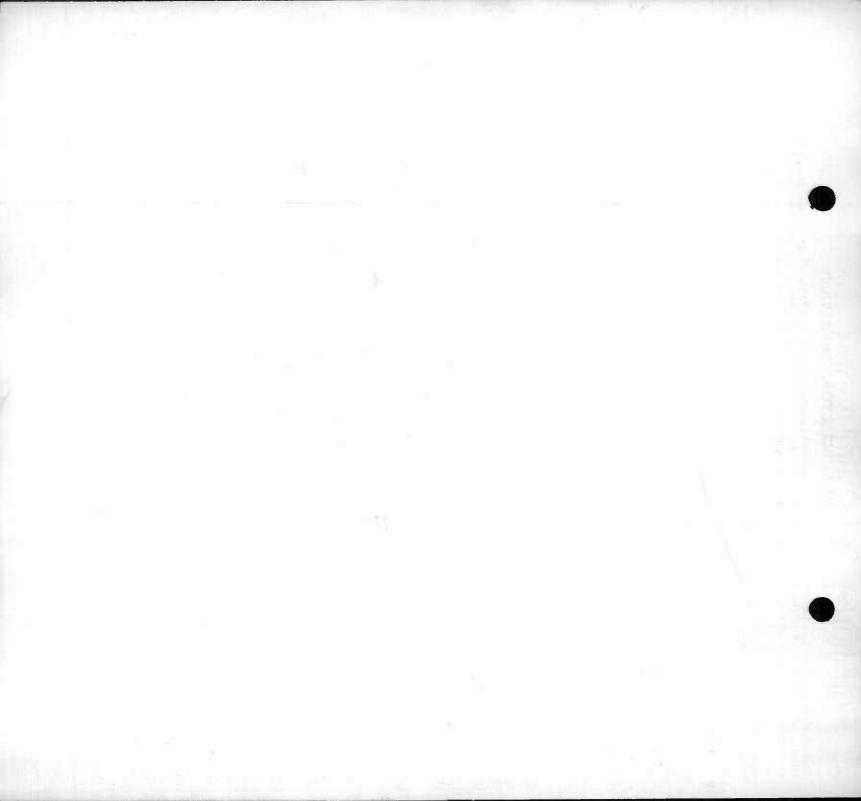
IMPORTANT

FUNERAL DIRECTOR:

N-600 BIRTH NO.		3347		HEALTH DEPARTMENT	REG. NO	71 3347
(Type or Print)	LIAM	NEAR	9	2. DATE A	ND HOUR OF DEATH	5:31 8.
3. PLACE IN BALTIMOR FULL NAME OF HOSPITAL OR	F NOT IN HOSPITAL	I OR INSTITUTO		4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived If in	stitution: residence before odmission
INSTITUTION RYCH			H5P.	BALLO.	D. INSI	DE CITY LIMITS? YES NO NO
7 OLIN DEN	NE.	; BA	110	LNK - ELTAW	12.	
5. SEX M	W	WIDOWED	DIVORCED	8. DATE OF BIRTH 11-24-91	9. AGE (In years lost birthday)	Months Days Hours Min.
tOA, USUAL OCCUPATIOn done during most of working	N (Give kind of work) life, even if retired)	or kind of Bus Metal		Maryland	reign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
Willi	am Neary			Ella Vir	cher	
15. Was Deceased Ever In Yes, no or unknown! (If yes	U. S. Armed Force	16.	SOCIAL	17. INFORMANT		ADDRESS 04.00
Yes	WW I		7-09-6389		ovich 313	So. Woodyear St
DISEASES OR CO ise to the obout UNDERLYING CON OTHER SIGNIFICANT OF TO THE DEATH BUT I DISEASE OR CONDITION 19A. DATE OF OPERA 21A. ACCIDENT WA OR CONTRIBUTING	ia, etc. If means the means the means the means the means of the means	ine discose, eath.) If y, giving stating the state of th	(B) DUE TO, OR AS (C) CH OPERATION	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N or obout 21 C, WHERE DID ice bldg., INJURY OCCUR?	ON 208, IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED
DEATH (notify medico	l examiner)	(Hour) 21 E fNJI While A	URY OCCURRED Not While	21F. HOW DID IN.	JURY OCCUR?	
22. I certify that (1 that (1) (we) last s			At Work	41 004 4/2		: 36 My 4 8 7/
				ew the body after death.	not in (my) (aur) apin	lan death accurred on the dat
23A. SIGNATURE	1 12	w, A	10	ding Med.	Shaff Phys.	23B, DATE SIGNED
23C. PHYSICIAM'S NAME (Type)	up v.	ner c	PEONEE	ADDRESS MARYLAND	GENERM	MS PITAL
REMOVAL (Specify) BUrial	4/5/71		Haven Men		ocation (city) one Arundel	co Maryland
APR 6 19	LITH DEST.	SR. NOME OF RE		25C. FUNERAL DIRECTOR Waltens Fu	1	ADDRESS

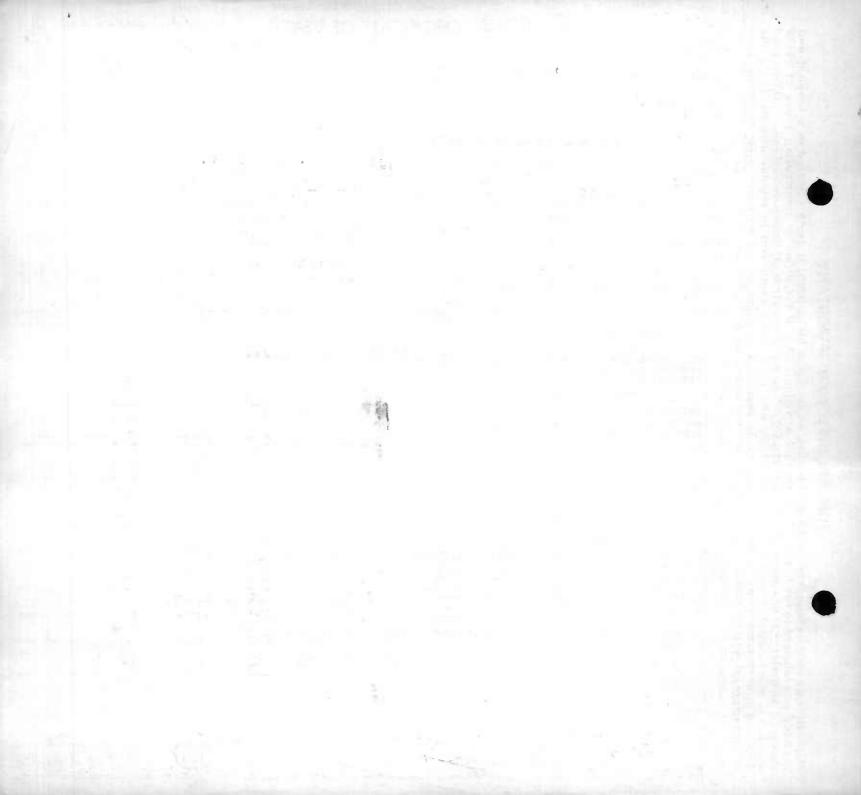


	NAME OF DECEASED	1 0-11	CLKTII C	ATE OF DEATH	REG. NO		0 1/0		
3.	PLACE IN BALTIMORE,	MARYLAND, WHERE P	EVINE H	1/4 USUAL RESIDENCE ONLY	26/71 (9"		9 7 p		
				A. STATE B. COUN	NIX	institution; residen	nce before admissio		
H	OSPITAL OR ADS	DRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	HArford	SIDE CITY LIMITS	0201		
4	9,			Forest Hill	D. 1143	YES	NOTE		
	North Cha	rles Gener	al Hosp. 2700NCha	E. STREET AND NUMBER	+ Valley	Drive			
5.	SEX 6. RACE	/	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr Months; Doys	. Il Under 24 H		
104	LUSUAL OCCUPATION	Give kind of work 108, KIN	WED DIVORCED DIVORCED DIVORCED	Y 11. BIRTHPLACE (State or fore	50				
don	during most of working life and ministrative			In BIRITIFEACE (State of fare	ign country)	12. CITIZEN C	FWHAT COUNT		
3.	FATHER'S NAME	Clerk. U.	S. Gout-	14. MOTHER'S MAIDEN NA	W-				
	Joh - Fu	ngel		1-	1 12				
5.	Was Deceased Ever in II	SUA-med Former?	1 6. SOCIAL	IT INFORMANT	typka				
Te	s, no or unknown) (If yes, g	iva war or dotes of sen	SECURITY NO.	0/		ADD	PRESS		
-	18.	1	213-16-5051 CAUSE OF DEA	Charte		Jun	u		
	DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERV. BETWEEN ONSET AND DE								
	LEADING TO DEATH (This does not meet the made of this and the made of the								
	heart latture, asthenia,	elc. Il means the disc		A CONSEQUENCE OF:	***********	*******	*****************		
	injury of complication	which caused death,I	0 1	a a	1				
	ANTECED	ENT CAUSES			//				
			(B) OSIO	D Ca (C)	Aures a	140			
	DISEASES OR CONT	DITIONS, il any, ai	ving (B) DUE TO, OR A	A CONSEQUENCE OF:	hung c	16			
		OITIONS, il any, gi cause (A) slating	tiving (B) OS (C) DUE TO, OB (C) OS (C)	A CONSEQUENCE OF: Juliana	Murg c	No			
N	DISEASES OR COND rise to the above UNDERLYING COND!	OITIONS, il any, gi cause (A) slaling TION last.	the (c) other	S A CONSEQUENCE OF: Melastab	thing a	140			
ATION	DISEASES OR CONE tise to the above UNDERLYING COND! OTHER SIGNIFICANT CO TO THE DEATH BUT NO	DITIONS, it any, gi cause (A) stating TION tast. II NOTITIONS CONTRIBUTE TO THE TENT	the (c) other	A CONSEQUENCE OF: Melastab	Guez c	No			
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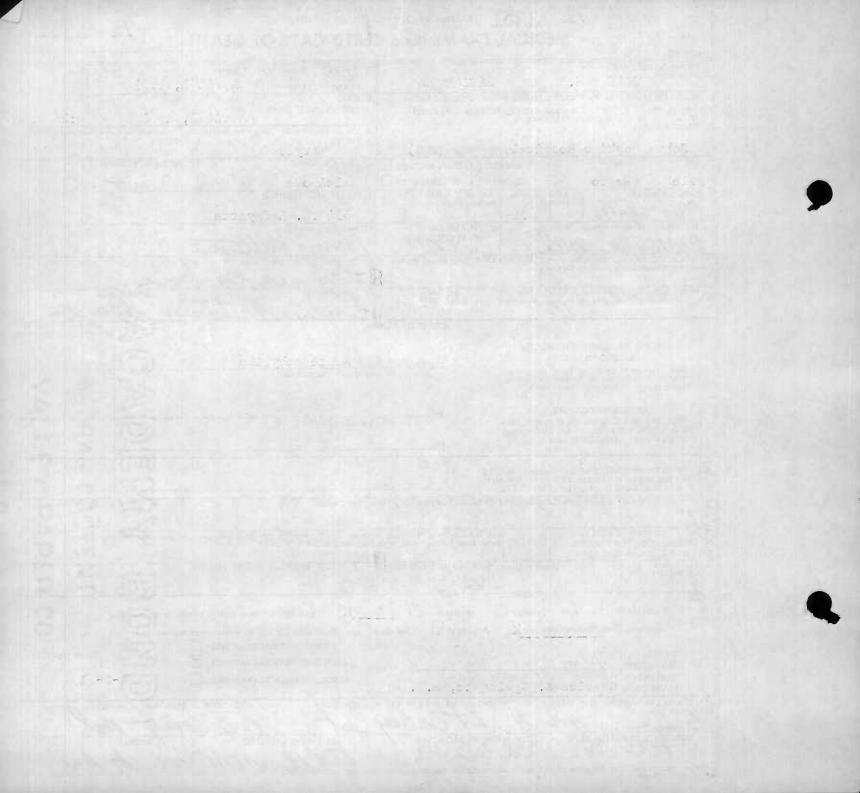
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

J-520 71 334	10			0040
BIRTH NO.	45 CERTIFICA	TE OF DEATH	REG. NO.	3349
1 ALANA CO ESCRITA	LO CERTIFICA			
1. NAME OF DECEASED (Type or Print) James Ed	ward	4/2		1235 P. M.
3. PLACE IN SALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A STATE B. COU	ere deceased lived. If is	stitutions residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATIONI INSTITUTION	STITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN		IDE CITY LIMITS?
	10001741	BALTIMORE	D. IIVS	YES NO NO
33 THE JOHNS HOPKINS	HUSPITAL	1909 E. CHA	SE ST.	
5. SEX 6. RACE 7. MADD!	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
NEGRO WIDOW	ED DIVORCED	10-10-09	last birthday 61	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if settred)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	None	FLORENCE	S.C.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	IME	
Henry James		MARION -		
15. Was Decessed Ever ld U. S. Armed Forces? (Yes, no or unknown) [If yes, give war or dates of service	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	218-09-851	Mrs. Elizabe	th James	SAme
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	USE GT WHEA	ing	
IThis does not mean the mode of dying, a heart failure, asthenia, etc. It means the disease	DUE TO, OR AS	A CONSEQUENCE OF:	0	
Injury or complication which caused death.)				
ANTECEDENT CAUSES	(8)		,	
DISEASES OR CONDITIONS, If any, give		S A CONSEQUENCE OF:		
underlying condition lest.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING OISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION POWAS PERFORMED	-	20A. AUTOPSY? (Yes or N	AN OR IS YES WERE	ENDINGS CONSIDERED
TAY DATE OF OLEKVION 1128 COMPLIENT	DE WHICH OFERENON	Para VAIA 1914 1142 OL II	TAN CONTRACTOR OF THE COL	
WAS PERFORMED		YES	IN CERTIFIEN CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 FLACE OF INJURY IS CO.	in or obout 21C. WHERE DID office bldg.		TO City, give exact lacation)
U 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B.FLACE OF INJURY leag., home, farm, factory, street	in or about 21C. WHERE DID	(If In Baltimo	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined	21B FLACE OF INJURY le-g., home, farm, factory, sheet, etc.)	in or obout 21 C. WHERE DID office bidg. INJURY OCCUR? 21F. HOW DID IN	(If In Baltimo	re City, give exact lacation)
U 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTION CAUSE OF DEATH (notify medical examined) 21D.TIME (Month! (Day) (Year) (Hour)	21B. FLACE OF INJURY Is-go, home, farm, factory, sheet of the start of	in or obout 21 C. WHERE DID office bidg. INJURY OCCUR? 21F. HOW DID IN	(If In Baltimo	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH (notify medical examined 21D.TIME (Month! (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (i) (this hospital) attended that (i) (we) last sow the deceased olive of the contribution of the contr	218 FLACE OF INJURY Is go home, farm, factory, sheet of the color of t	in or obout 21 G. WHERE DID office bidge INJURY OCCUR? 21 F. HOW DID IN 3/3/ 19 7/ ond t	(If in Baltimo	re City, give exact lacation)
ZIA. ACCIDENT WAS UNDERLYING OF CONTRIBUTION CAUSE OF DEATH (notify medical examined) ZID. TIME (Month! (Day) (Year) (Hous) OF INJURY (APPROX.) Z22. 1 certify that (i) (this hospital) attended	218 FLACE OF INJURY Is go home, farm, factory, sheet of the color of t	in or obout 21 G. WHERE DID office bidge INJURY OCCUR? 21 F. HOW DID IN 3/3/ 19 7/ ond t	(If in Baltimo	re City, give exact lacation)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH (notify medical exemined) 21D.TIME (Month! (Day) (Year) (House OF INJURY (APPROX.) 22. 1 certify that (i) (this hospital) attended that (i) (we) last sow the deceased olive of the condition on the causes stoted obove	218 FLACE OF INJURY 18-9, home, farm, factory, sheet of the control of the contro	in or about 21 C. WHERE DID office bidge INJURY OCCUR? 21 F. HOW DID IN item is a second of the control of the	(If in Baltimo	The City, give exact lacation) 19 7/ Inlon death occurred on the date
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTION CAUSE OF DEATH (notify medical examined) 21D. TIME (Month! (Day) (Year) (Hous) OF INJURY (APPROX.) 22. I certify that (i) (this hospital) attended that (i) (we) last sow the deceased alive on the deceased of the condition on the causes stated above 23A. SIGNATURE	218 FLACE OF INJURY Is go home, farm, factory, sheet of the color of t	in or about 21 C. WHERE DID office bidg. 21 F. HOW DID IN 21 F. HOW DID I	(If in Baltimo	The City, give exact lacation) 19 7/ Inlon death occurred on the date
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical exemined) 21D. TIME (Month! (Day) (Year) (Hour) OF INJURY (APPROX) 22. I certify that (i) (this hospital) attended that (i) (we) last sow the deceased olive of the condition on the causes stoted obove 23A. SIGNATURE A. R. Caustin, M. 23C. PHYSICIAN'S NAME (Type) STEVEN R. AUST	218 FLACE OF INJURY Is go home, farm, factory, sheet of the deceased from 4/2 10. (1) (We) (did) (did not) At Many of the deceased from 4/2 11. (1) (We) (did) (did not) 12. (1) (We) (did) (did not)	in or obout 21 C. WHERE DID office bidge INJURY OCCUR? 21F. HOW DID IN ile 3/3/ 19-7/ ond t view the body after death. fending Med. ys. 23D. ADDRESS 550 No. 12	(if in Baltimo	Inlan death occurred on the date 238, DATE SIGNED 4/2/7/
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical exemined) 21D. TIME (Month! (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (i) (this hospital) attended that (i) (we) last sow the deceased olive of the condition on the causes stoted obove 23A. SIGNATURE A.R. Caustin, M. 23C. PHYSICIAN'S NAME (Type) STEVEN R. AUST	218 FLACE OF INJURY Is go home, farm, factory, sheet of the control of the contro	in or obout 21 C. WHERE DID office bidge INJURY OCCUR? 21F. HOW DID IN ile 3/3/ 19 7/ ond t view the body after death. 22D. ADDRESS REMATORY 24D.	(if in Baltimo	Inion death occurred on the dote 238. DATE SIGNED 4/2/7/
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH (notify medical examined 21D.TIME (Month! (Day) (Year) (Hours OF INJURY (APPROX.) 22. 1 certify that (i) (this hospital) attended that (i) (we) last sow the deceased alive of and hour and from the causes stated above 23A. SIGNATURE A. K. C.	218 FLACE OF INJURY Is go, home, farm, factory, sheet of the color, sheet of the color, sheet of the color of the deceased from the color of the col	in or obout 21 C. WHERE DID office bidge INJURY OCCUR? 21F. HOW DID IN ile 3/3/ 19-7/ ond t view the body after death. fending Med. ys. 23D. ADDRESS 550 No. 12	(If in Baltimo	Inlan death occurred on the date 238, DATE SIGNED 4/2/7/



Letter from M.E.'s office 5-13-71 M.H.

Ridgely



BIRTH NO.										REG. NO.		
1. NAME OF DE	CEASED					2. DATE	Known	XX	Month	Doy	Yeor	Hour
(Type or Frint)	I	ee, Tho	mas J		The t	OF DEATH	Estimot	ed 🗆	4	4	71	12:40 pm
4. PLACE IN BA					UNCED DEAD	3. DATE			Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	AL OR INST	TITUTIO	N, GIVE STREET		UNCED DE		4	4	71	12:40p _M
44	Uni	on Mem	orial	Но	spital	A. STATE	Md.	(mile)		B. COUNTY	/	204
6. SEX	7. RACE		B. MARR	IED [NEVER MARRIED	C. CITY OF	TOWN			D. INSIDE CIT	Y LIMITS	7
male	Neg	10.AGE (WIDOW		DIVORCED C	Ba1		DED		YE	s 🗌	NO 🗆
10-4-36		lost birthdo	(v)		s Doys Hours Min.				d Stre	et		
11. BIRTHPLACE	-			12. CI	TIZEN OF	13. FATHER	'S NAME					
WHAT COUNTRY?						Com		T T				
Marylan		e kind of work	14B KIND	OFR	USINESS OR INDUSTR		oll a					,
done during most of			THO. KITYL	01 0	OSHAESS OK HADOSIK							
						Rosi	e Sai	nt	Rose			
16. WAS DECEAS (Yes, no or unknown					17. SOCIAL SECURITY NO.	18. INFOR	MANT			AD	DRESS	
Yes	1000	rean			212-32-756	Mr.	C.J.	Lee	1926	Aisqu	ith	St.
19. 4	1.9				CAUSE OF DEA							APPROXIMATE INTERVAL
DICEA	F OR COND	UTION DIDE	CTIV			Intrace	robro	1 ho	marrha	~~	DE	IWEEN ONSET AND DEAT
DISEAS	LEADING TO		CILY				creora	I ne	mor I ma	ge		
(This does n	not meon the		ing. e.g		(A) IMMEDIATE	AS A CONSE	LIENCE OF					
heort follure	e, osthenio, etc mplication whi	. It meons the	diseose,		DOE 10, OK	AS A CONSE	VUENCE OF					
IIII OI Y OI CO	inplication with	cii consea de	o,									
A	NTECEDENT	CAUSES			(8)							
DISEASES	OR CONDITI	ONS, IF AN	, GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE O	F:				**********
	E ABOVE CA		TING THE									
Z	THE CONDI	IOIV LASI.			(C)							
OTHER SIGN TO THE DE DISEASE OF D		11										
OTHER SIGN	NIFICANT COL ATH BUT NO											
DISEASE OF	RCONDITION	GIVEN IN P	ART 1 (A)		*************							
20A. DATE O	F OPERATIO	N 20B. COI	NOITION	FOR V	VHICH OPERATION W	AS PERFOR!	MED				21. AUT	OPSY? (Yes or No)
0 7												yes
Z 22A. EXTER	NAL CAUSE	WAS		22B. P	LACE OF INJURY(e.g.	in or obout	22C. WHER	E DID (If In Boltimo	e City, give exoc	t locotion	
SUNDERLYING				home,	form, foctory, street, offi	ce bldg., etc.)	NJURY OC	CUR?				
UTING CA			-> (1)	1 100	E BATHTON OCCUPATION		225 110141	DID IN	JURY OCCI	IDO		
OF INJURY	(monin) (L	Doy) (Yeo	r) (Hou		E.INJURY OCCURRED	T WHILE	ZZF. HOW	אוו טוט.	JURY OCCI	JK?		
(APPROX.)						WORK						
23.				_								
l cer	tify that I h	eld an I	nquiry L		Inspection . A	tapsy XX	ond the	at on th	nis basis,	deoth in my	apinlan	
resul	ted from: N	latural cau	ses 🗱	Ac	cident Suici	de H	omicide [Undetermi	ned manner		
		-	-//				CHIEF MEI	DICAL F	XAMINER			
ACTUAL		11.	110	1/	MUON	ASS	ISTANT ME			$\overline{\Box}$		DATE SIGNED
SIGNAT		AU	4	N	MI).						/ / = / = =
EXAMIN	T (eter 1/:	ipkov:	ic,	M.D.	ASS	OCIATE ME	DICAL E	XAMINER :	XX		4/5/71
NAME (Type)	24B. DATE				CDF11A7	DDV	In an	LOCATION	lev :		
24A. BURIAL CRE REMOVAL (Spec		Z4B. DAIL		240	. NAME of CEMETERY	or CKEMAI	JKT	240.	LOCATION	(City, town,	or count	ty) (Stote)
Burial	,	4/9/7	1	5	St Thomas	Cemete	rh	Ra	ndall	stown,	Md.	
25A. DATE REC'D	BY HEALTH				OF REGISTRAR		FUNERAL				DDRESS	
	-	H O		ظم	4							
APR	0 13/	1,000	عبات ک	Ya	Ben M.D.	Wn	C ME	arch	928	E. No	rth	Ave.

Darroll V. Inc Boats Seint Rose TO STAND IN THE SECOND STREET STANDARD ot. Thomas Go story handallstown, M.

VS 151-REV. 1/1/68

Letter from M.E.'s office 5-3-71 M.H.

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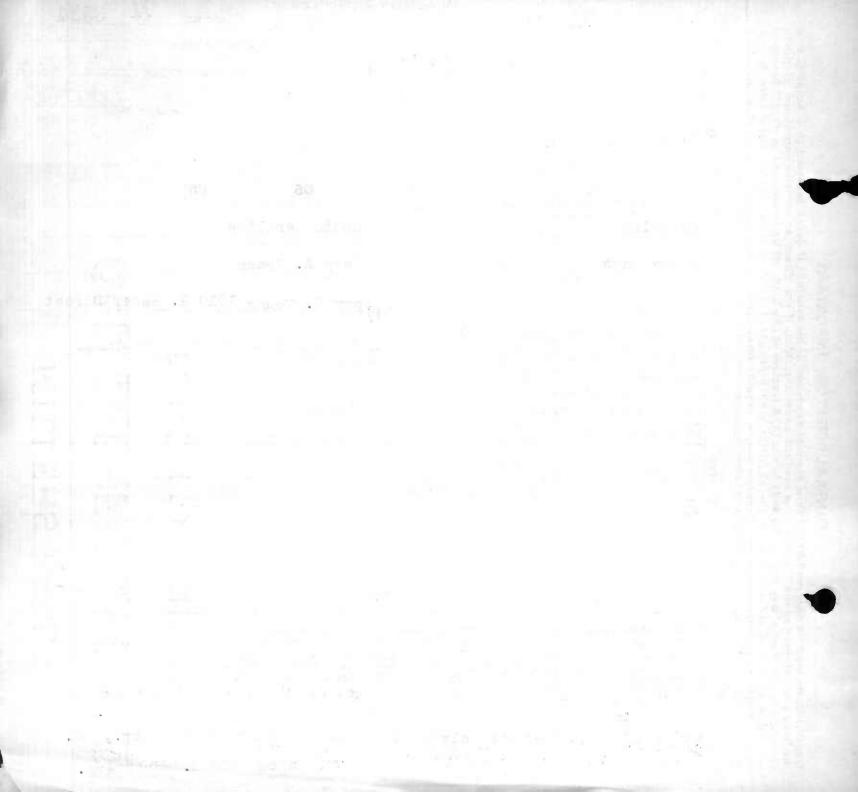
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a hospital and

0 (= /	BALTIMORE CIT	Y HEALTH DEPARTMENT 71 3354
C-434 71 3354	CERTIFICA	ATE OF DEATH REG. NO. 11 3354
NAME OF DECEASED Type of Print) Caldwell, (Rosa) Rosie	2. DATE AND HOUR OF DEATH 4/1/71 7:30 p. M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Where deceased lived, if institutions residence before admission) A. STATE B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	Maryland 1002
ISTITUTION		Baltimore D. INSIDE CITY LIMITS?
The Johns Hopkins Hospi	tal	E. STREET AND NUMBER
	- Ca	1115 Ashland A Ct.
SEX 6. RACE 7. MARRIED NE	VER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months! Days Hours Min.
Female Negro widowed	DIVORCED [4/15/06 65
DA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN	ESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
no during most of working life, even if reffred) Housewife		South Carolina
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Wesley Days		Mary A. Green
Was Deceased Ever In U. S. Armed Forces? 116.50	CIAL	17. INFORMANT ADDRESS
es, no or unknown) (If yes, give war or dates of service)	CURITY NO.	1010 B Barry Church
18.	CAUSE OF DEA	Mary L. Young 1010 E. Eager Street
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if eny, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. If OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH WAS PERFORMED	(c)	S A CONSEQUENCE OF: (Cor c , nome [20A Autopst? (Yes or No)] 208, IF YES, WERE FINDINGS CONSIDERED
2 WAS FERFORMED	O' ERATION	20A AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTUBUTINO CAUSE OF home, form	OF INJURY (e.g., factory, street,	office bldg. INJURY OCCUR? (If In Boltimore City, give exact location)
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJUI OF INJURY While At [Not Wh	21F. HOW DID INJURY OCCUR?
22. I certify that (1) (this hospital) attended the dec	eased fram	and 10 1971 to Apr. 14 1971
that (I) (ma) last saw the deceased alive an_A	1	19 7 and that In (my) (***) aplinan death accurred on the data
and haur and from the causes stated above. (1)	(did) (did)	view the body after death.
23A SIGNATURE	NO A	tending Med. Stoff 238, DATE SIGNED
I for a com	DEGREE PH	lys. 1 Director L Phys. L
Herry D. Ziegler, M		John Hopkins Horptal Bellimore, A
	CEMETERY of C	
Burial 4/6/71 Mt Ca	lvary Ce	emetery Anne Arundel Cty., Md.
APR 6 1971 Jestan 258 NAME OF REG		Wm C March 928 E. North Ave.
		THE TAX IN

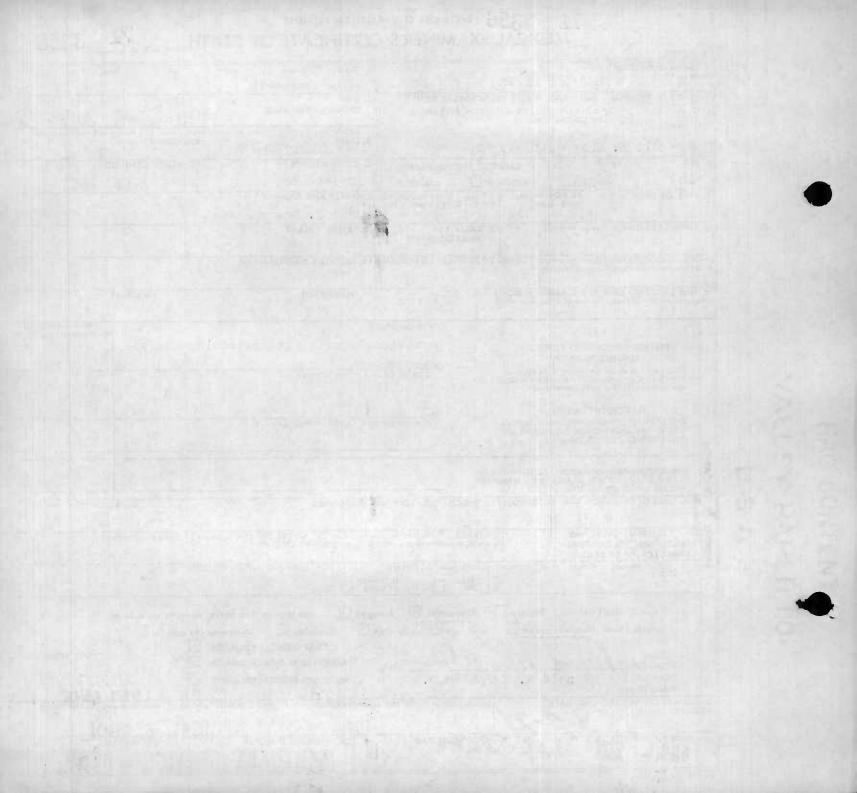


258 NAME OF REGISTRAR

VS 151-REV. 1/1/68

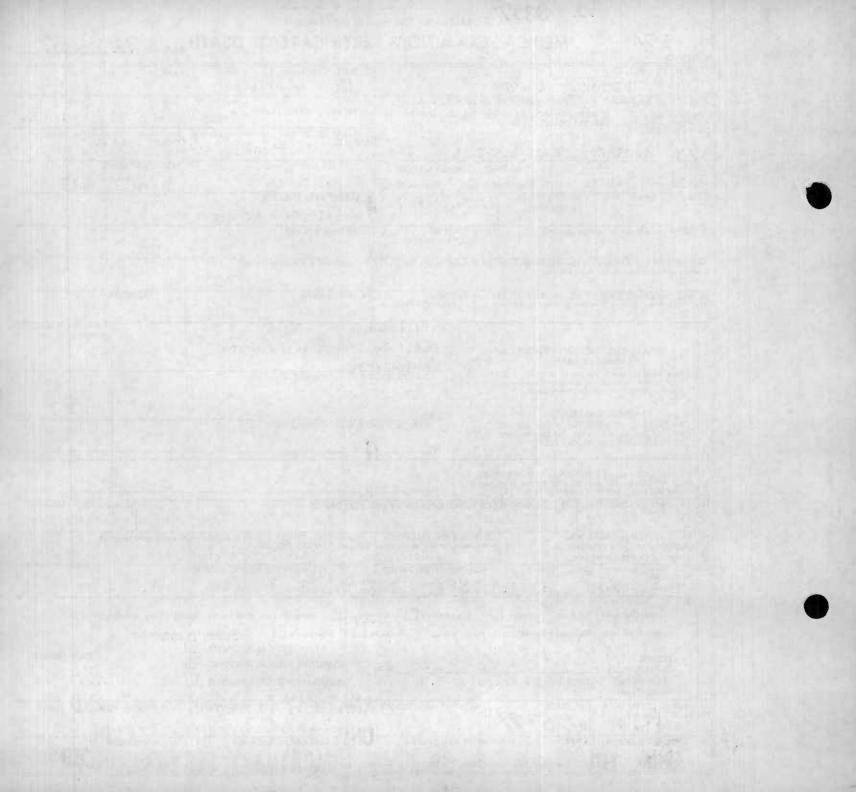
NO Badress Known. Military Land the Assessment

0	. 71	3356	BALTIMORE CITY HE	ALTH DEPARTMEN	41			Phy a	
D-650	MED	ICAL	EXAMINER'S	CERTIFICAT	E OF	DEAT	H REG. NO	11.1	3356
BIRTH NC.							KEO. 110.		
1. NAME OF DEC	FRED LEE	DDOLIN		OF	own 🗆	Month	Day	Year	Hour
4 DIACE INI BAIT	IMORE, MARYLAND, V		NOUNCED DEAD	DEATH Esti	imoted 🗆	14 1		v	, , , , , , , , , , , , , , , , , , ,
FULL NAME OF				3. DATE PRONOUNCED	DEAD	Month	Doy ary 23,1	Yeor Q71	10:25 A
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	UTION, GIVE STREET	5. USUAL RESIDEN	ICE (Where				
A A 311	S. Sharp St	reet 1	Room 18	A STATE	cyland	detensen ii	B. COUNTY	1	7 7 ^
	7. RACE		D NEVER MARRIED	C. CITY OR TOWN	•		ID. INSIDE CIT	TY LIMITS?	1.001
Male	Negro	WIDOWE		Baltimor					
9. DATE OF BIRTH	10. AGE (1	n yeors H	Under 1 Yr. If Under 24 Hrs.		11.00		1 YE	s L	NO L
	lost birthda	y) 56 M	onths Days , Hours , Min.	311 S. S	Sharp S	Street			
11. BIRTHPLACE (St	ate or foreign country)		. CITIZEN OF	13. FATHER'S NAM					
			WHAT COUNTRY?						
14A.USUAL OCCUP	ATION (Give kind of work	148. KIND C	F BUSINESS OR INDUSTRY	15. MOTHER'S MA	LIDEN NAM	ME			
one during most of wa	orking life, even if retired)								
16. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	17. SOCIAL	18. INFORMANT			AC	DRESS	
(res, no or unknown)	(It yes, give wor or dotes	of service)	SECURITY NO.						
19.	1 4		CAUSE OF DEA	TH					PROXIMATE INTERVAL
DISEASE	OR CONDITION DIRE	CTLY	Arterio	sclerotic c	cardio	ascul	ar disea		TEN ONSET AND DEA
t t	EADING TO DEATH		(A)IMMEDIATE C	AUSE					
heort follure,	I mean the made of dy	diseose,	DUE TO, OR	S A CONSEQUENCE	OF:				
Injury or com	plication which coused de	oth.)							
	TECEDENT CAUSES		(8)						
DISEASES O	R CONDITIONS, IF AN' ABOVE CAUSE (A) STA	, GIVING	DUE TO, OR	AS A CONSEQUENC	E OF:				
UNDERLYIN	G CONDITION LAST.		(c)						
2	11								
OTHER SIGNI	FICANT CONDITIONS C								
	CONDITION GIVEN IN P		D. William Corp. Mar.						
DAIE OF	OPERATION 208. COI	ADIIION FC	OR WHICH OPERATION WA	S PERFORMED					PSY? (Yes or No)
٠- ا	IAL CAUSE WAS	lan	P. DI ACE OF INITIDY		0				
UNIDERIVING	OR CONTRIB-	ho	B. PLACE OF INJURY (e.g., ime, form, foctory, street, office	bldg., etc.) INJURY	OCCUR?	ii in boilime	re City, give exa	criocotion	
	Month) (Doy) (Yea	r) (Hour)	22E.INJURY OCCURRED	22F HC	LNI QIQ WO	ILIPY OCC	1102		
OF INJURY		(11001)	WHILE AT NOT	WHILE	711 010 1143	OKI OCC	OKI		
23.		m	. WORK L AT W	ORK L					
1 certi	fy that I held an I	ngulry 🔲	Inspection X Au	topsy ond	that on th	is basis,	death in my	opinion	
resulte	ed from: Noturol cau	ses x	Accident Suicid	_			ned manner	-	
	V	1/	1.0		MEDICAL E				
ACTUAL	DE I buld	11/1/2	M.D	ASSISTANT	MEDICAL E	XAMINER	x		DATE SIGNED
EXAMINE		N. Ko	rnblum, M.D.	- ASSOCIATE	MEDICAL E	XAMINER	П	2/23/	/71
NAME (Ty	/pe)			ANIATOR	W DO	ADD	OF MA	DVI	IND
24A. BURIAL CREM REMOVAL (Specify	A	- 1	24C. NAME of CEMETERY	or GREMATORY IT	24D.U	OCATION	City, fown,	ילין אולים אם אלין	ATTO (State)
(4.5	-7/		INIVERS	VIII	MEDI	CALC	CHAA	1
25A. DATE REC'D	BY HEALTH DEPT	268. TRA	OF REGISTRAR	25C. FUNER	AL DIRECTO	R	AL	DRESS	
を発する	Mile Jester	and 1000	~	MAR	A NOTA !	YS	ERVICE	- B	CHD
VS 151-REV. 1/1/68		1		- SIEGE	4 4/44		450 1 146	- 0	Y 34 Y
		*							



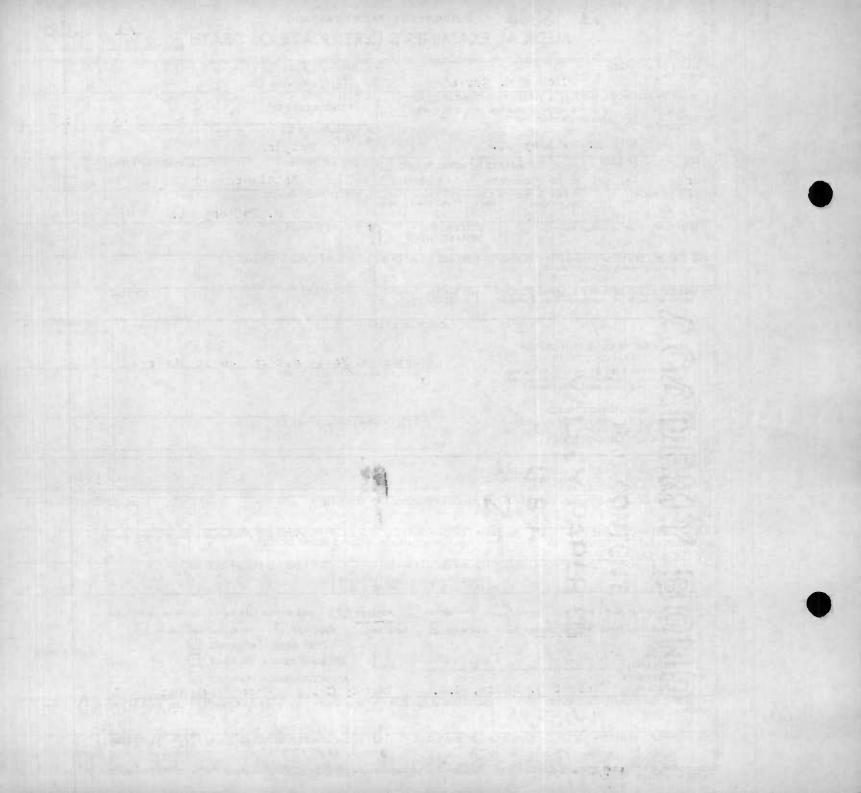
1	-551	MEDICA	BALTIMORE CITY HE L EXAMINER'S (DEATH	REG. NO.	11	3357
1.	NAME OF DECEASED pe or Print) MICHA	EL ROMANOF	F 🤲	2. DATE OF DEATH	Known	Month	Doy	Yeor	Hour M.
FUI	PLACE IN BALTIMORE, I LL NAME OF (IF N SPITAL ADD INSTITUTION		STITUTION, GIVE STREET		NCED DEAD		Doy ry 20,19		3:25 A.M.
6	MARYLANI SEX 17. RACE	GENERAL HO		A. STATE	Maryland	В.	COUNTY	14	101
	Male Whit		RIED NEVER MARRIED NEVER MARRIED DIVORCED		timore		YES YES		10 🗆
9.	DATE OF BIRTH	lost birthdoy) 55	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	1000	ND NUMBER 6 Park Av	enue			
11.	BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME				
	.USUAL OCCUPATION (Coeduring most of working life,		D OF BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NAM	NE.			
	WAS DECEASED EVER II			18. INFORM	ANT		ADDI	RESS	
	LEADING (This does not mean th	e mode of dying, e.g., itc. it means the disease,	(A)IMMEDIATE C	Trauma	tic Injur	ies			OXIMATE INTERVAL IN ONSET AND DEATH
NOI	ANTECEDEN DISEASES OR CONDI RISE TO THE ABOVE C UNDERLYING COND	TIONS, IF ANY, GIVING	(B)	AS A CONSEQ	UENŒ OF:				
CERTIFICATION	TO THE DEATH BUT NO DISEASE OR CONDITIO	ONDITIONS CONTRIBL OT RELATED TO THE TERM N GIVEN IN PART 1 (A	MINAL						**************************************
	2		FOR WHICH OPERATION WA	AS PERFORMI	D		2	I. AUTOPS	SY? (Yes or Na)
MEDICAL	22A. EXTERNAL CAUS UNDERLYING OR CO UTING CAUSE OF DI 22D. TIME (Month) OF INJURY	NTRIB-	228. PLACE OF INJURY (e.g., home, form, loctory, street, office Home	e bidg., etc.) IN	C. WHERE DID (IJURY OCCUR? 1416 Park	Avenue		ocation)	
	(APPROX.) 2-20-7	2:30 A.	m. WHILE AT NOT AT W	WHILE X F	ound lyin	g behir	nd apt.		
	I certify that I resulted from: ACTUAL SIGNATURE	Haitural causes Agona 1d N. Ko	Accident Suicid	Hoi C ASSIS	ond that on the micide to the third that the third	AMINER EXAMINER	d manner 🗵		ATE SIGNED
	A. BURIAL CREMATION, MOVAL (Specify)	4-5-71	24C. NAME of CEMETERY	ACIEANO	MAY BEI	PATION	(GIV IO-Mo	Menuto 1	(Stote)
25.	APR 6 197	PAGE 2. V	NAME OF REGISTRAR	UNEXE	UNERAL DIRECTO	REUIC.	RVICE	BC	HD

VS 151-REV. 1/1/68



VS 151-REV. 1/1/68

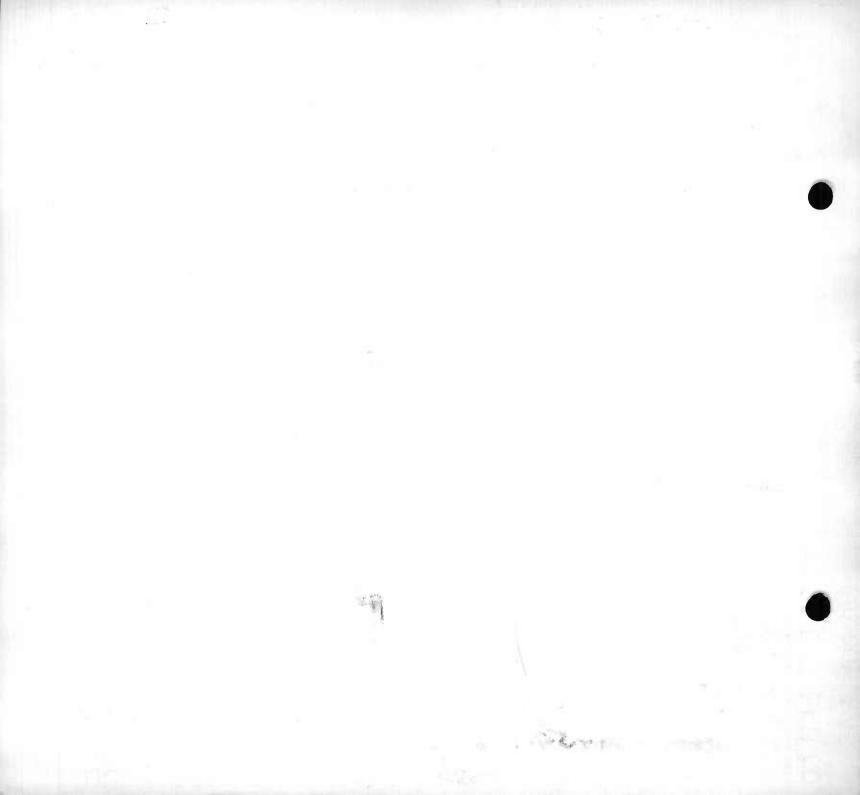
25 C. FUNERAL DIRECTOR



VIII DOMO BALTIMOR	RE CITY HEALTH DEPARTMENT 71 3359
	FICATE OF DEATH REG. NO.
Type or Print Edna Kalisch	2. DATE AND HOUR OF DEATH 3/20/7/
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	
Century Nome	T3 acto YES NO
Oc 2 N. Paca St 31001	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIE WIDOWED DIVORCE	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
However	md
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or dates of service) 214-24-22	17. INFORMANT ADDRESS
18. / / / / / CAUSE OF	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	ideo lequiator Tavert
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	OR AS A CONSEQUENCE OF: J
injury or camplication which caused death.)	menting Heart tailing
ANTECEDENT CAUSES	the cux
DISEASES OR CONDITIONS, if any, giving DUE TO,	OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the	B. C.
UNDERLYING CONDITION last. (c)	VC. I sam syndemy
z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL	2001
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS LINDERLYING [] 1218 BLACE OF INTURY	
OR CONTRIBUTING CAUSE OF home, form, foctory, street form to the contribution of the c	(le.g., in or about 21 C. WHERE DID (if in Boltimare City, give exact lacotion) reet, affice bidg., INJURY OCCUR?
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRE	The state of the s
	t While Work
22. I certify that (I) (this hospital) attended the deceased from	
that (i) (we) last saw the deceased alive on	
	19and that in(my) (out apinian death occurred on the date
and haur and from the causes stated above. (1) (Water and) (did r	nat) view the bady after death.
A A A A A A A A A A A A A A A A A A A	238, DATE SIGNED
Miland Coppey DEGREE	Attending Med. Staff Phys. Director Phys. D
Willand and anliped	LAG TONE PERO PORCHE HARVIAND
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY C	OF CREMATORY 24D. LOCATION (Gity, town, or county) (Stote)
4.5.7/	UNIVERSITY MEDICAL SCHOOL
APR 6 1971 Julius E. Mande of Registrar	MORTUARY SERVICE - BCHD
VS 150-REV. 1/1/68	

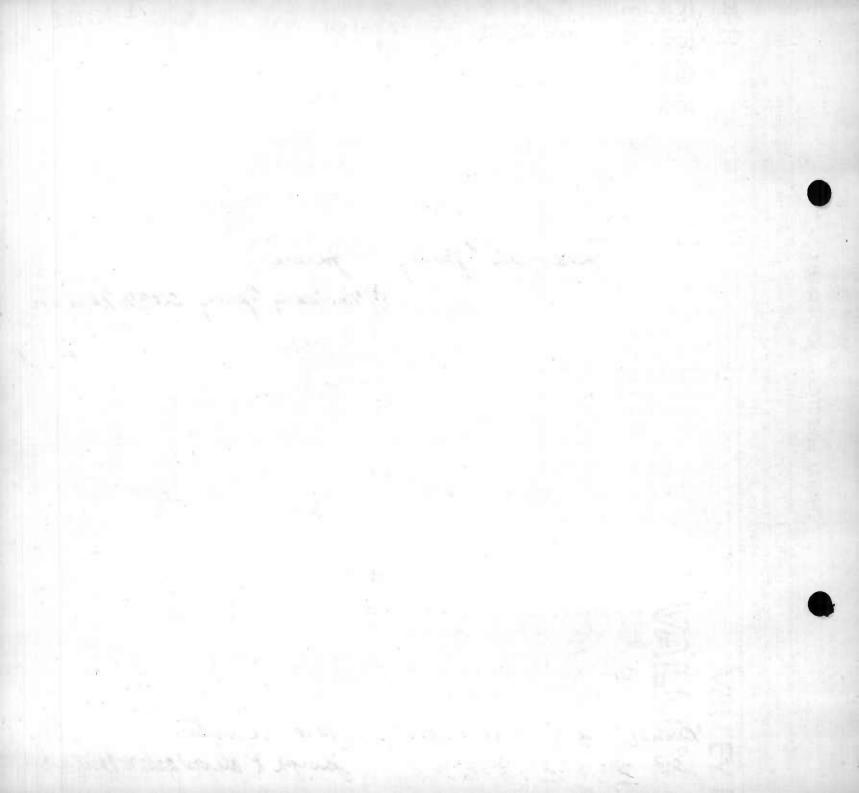
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VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

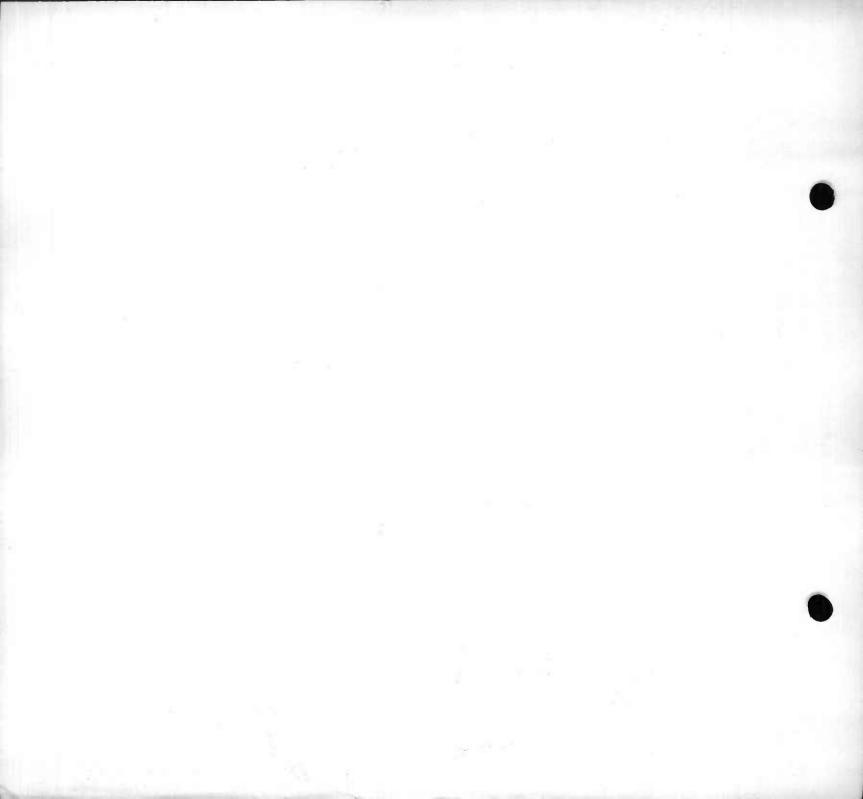
BALTIMORE CITY HEALTH DEPARTMENT



DIRECTOR:

VS 150-REV. 1/1/68

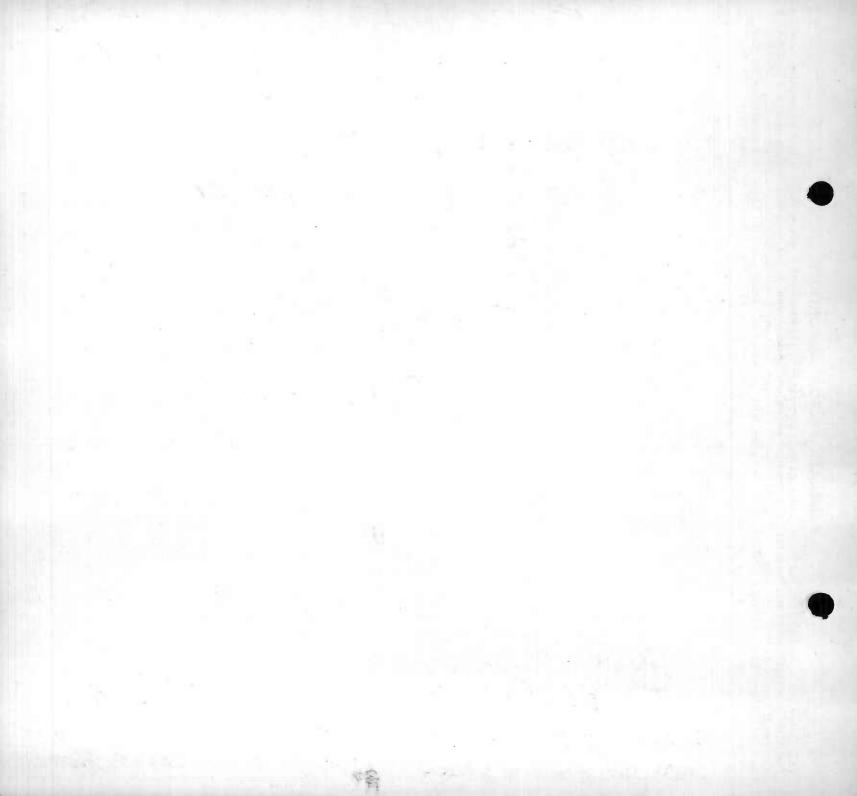
D. INSIDE CITY LIMITS? YES D NO If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If In Baltimore City, give exact location) and that In(my) (our) opinion death occurred on the date 238 DATE SIGNED ADDRESS



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



Arbutus Memorial Park

25B. NAME OF REGISTRAR

Jabon R.D.

Baltimore

25C. FUNERAL DIRECTOR

Co.

NUTTER FUNERAL HOME 3035 W. NORTH AV

ADDRESS

Maryland

Buria]

VS 151-REV. 1/1/68

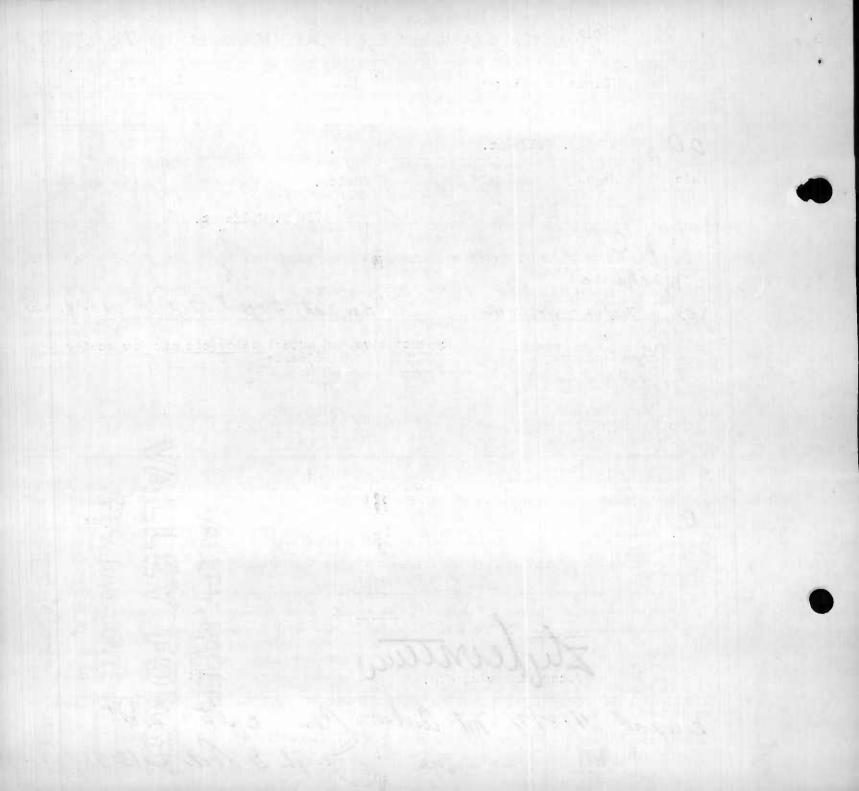
25A. DATE REC'D BY HEALTH DEPT.

THE RESERVE OF THE PARTY OF THE

	Y HEALTH DEPARTMENT
MEDICAL EXAMINER	S CERTIFICATE OF DEATH REG. NO. 11 3265
BIKIH NO.	- 6000
(Type or Print) REMUS E. GIBSON	2. DATE Known A Month Doy Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoled April 2, 1971 3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOLINGED DEAD
OLINSHULON ADDRESS OR LOCATION) A MENDE	April 2, 1971
CAUSER AN ECTA A STATE CAMERIAL AND A	5. USUAL RESIDENCE (Where deceosed lived, Il institution; residence before admission) A. STATE B. COUNTY
6. SEX 7. RACE 8. HARRIED ALTER ALTE	Maryland Raylo 5
MAKKIED NEVER MAKKIE	
Male Negro WIDOWED DIVORCE 9. DATE OF BIRTH 10. AGE (in years If Under 3 Yr, Il Under 2	1.5
lost birthdoy) Months, Doys, Hours	Min.
8-2-1928 42 1 1	34 Lincoln Ave.
11. BIRTHPLACE (State or laretgn country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Maryland USA	Remus J. Gibson
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR IND done during most of working life, even il retired)	
Spatter Cleaning Plant	Margaret Smith
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give war or dotes of service) 17. SOCIAL SECURITY NO). ADDRESS
No 212-26-5	
19. CAUSE OF	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Acute ethylism
LEADING TO DEATH	HATE CAUSE Fatty metamorphosis of liver
(This does not mean the mode of dying, e.g., heart loilure, osthenio, etc. It means the disease,	O, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	O, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATIO	
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED 21. AUTOPSY? (Yes or No)
O	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY	(e.g., in or obaut 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, factory, stree	t, office bidg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCUR	RED 22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)	NOT WHILE
23. m. WORK	AT WORK
I certify that I held on Inquiry Inspection	Autopsy and that on this basis, death in my opinion
	vicide Homicide Undetermined monner
00000	CHIEF MEDICAL EXAMINER
ACTUAL ()	ASSISTANT MEDICAL EXAMINED V
SIGNATURE EXAMINER'S	_m.u.
NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER
24A, BURIAL CREMATION, 124B, DATE 124C, NAME of CEME	TERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 5-7-1971 Mt. Aubur	n Complement Delliment Manual and
	n lemerery Baltimore Waryland
25A, DATE REC'D BY HEALTH DEPT. 1258 NAME OF REGISTRAD	46
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
APR 6 1971 Page 258. NAME OF REGISTRAR	46

Letter from M.E.'s office 4-7-71 M.H. ACADER TEUNIO

me A	cost	BALTIMORE CITY HE	ALTH DEPAR	TMENT				
/1	3306 MED	PICAL EXAMINER'S	CERTIFIC	CATE OF	DEAT	H DEC NO	71	3366
BIRTH NO.						REG. NO.		
1. NAME OF DE			2. DATE	Known XX	Month	Day	Yeor	Hour
(Type or Print)	Louis Mc	Cullough	OF DEATH	Estimated 🗌	4	4	71	10:10 a _{M.}
4. PLACE IN BAI	LTIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	3. DATE		Month	Day	Year	Haur
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		INCED DEAD	4	4	71	10:10 a _{M.}
00	1710 N. Wo	olfe St.	A. STATE Md.	SIDENCE (Wiles	s deceased ii	B. COUNTY	n. residence	806
6. SEX	7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	0
male	Negro	WIDOWED DIVORCED	Balto			Y	ES 🗆	NO 🗆
9. DATE OF BIRT	H 10. AGE (In last birthda 54			ND NUMBER	olfe S			
11. BIRTHPLACE	State or fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'	S NAME	7		95.8	
	JPATION (Give kind of work working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER	R'S MAIDEN NA	ME S			
mac	charic)							
	(If yes, give wor ar dotes		Hann	AL BING	gant,	1710 A	n. W	oexe D)
19. 14 /	1/2/16 //	CAUSE OF DEA	ATH	90	/		A	PPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIRE	Hyperten	sive and	arterios	sclero	ric card		
DISEAS	LEADING TO DEATH			disease		LIO CAL	-10000	Dulal
(This daes r	not mean the made of dy	ring, e.g., (A)IMMEDIATE	AS A CONSEQ					
heart failure	e, osthenio, etc. It means the mplication which coused de	adisease,						
Contract of the								
	NTECEDENT CAUSES	(B)	AS A CONSEC	NIENCE OF				
RISE TO TH	OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA	TING THE	AS A CONSEC	QUENCE OF:				
UNDERLYI	NG CONDITION LÁST.	(c)						~~~~~~~~~~
9	ll l							
O TO THE DE	NIFICANT CONDITIONS C	THE TERMINAL						
DISEASE OF	R CONDITION GIVEN IN P.		/AC DEDECORIA	FD.			IOI ALIXO	DCVA (V-s or No)
20A. DATE O	F OPERATION 208. COI	NDITION FOR WHICH OPERATION W	AS PERFORM	ED			ZI. AUIC	OPSY? (Yes or No)
								res
UNDERLYING	NAL CAUSE WAS GOOD CONTRIB-	22B. PLACE OF INJURY (e.g. hame, farm, factory, street, affi	, in or about 2 ce bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Baltimo	re City, give ex	oct locotion)	
≥ 22D. TIME		r) (Hour) 22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCC	UR?	11 11 1	08 8 11
OF INJURY (APPROX.)			T WHILE WORK					
23.			. [Vk		11.1	to all t		
		nquiry Inspection \(\bar{\lambda} \)						
resul	ted fram: Natural cou	ses XX Accident Suici				nad manner		
4.071141	1	11111111		CHIEF MEDICAL				DATE SIGNED
SIGNAT		flurung	6. A) ASSI	STANT MEDICAL	EXAMINER			
EXAMIN		Lipkovic, M.D.	ASSO	CIATE MEDICAL	EXAMINER	₩		4/5/71
NAME (, ,						
24A. BURIAL CRE REMOVAL (Spec		17/ 24C. NAME of CEMETERY	111.	lan 24D.	Ball	(City, tow	n, or county) (State)
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR		UNERAL DIRECT	OR	2 01	ADDRESS	
IR	6 1971 060	E. Faber M.D.	1	rept &	3 do	ch. X	1/30	4) Central
VS 151-REV. 1/1/6	8		1	2 / 12		0		

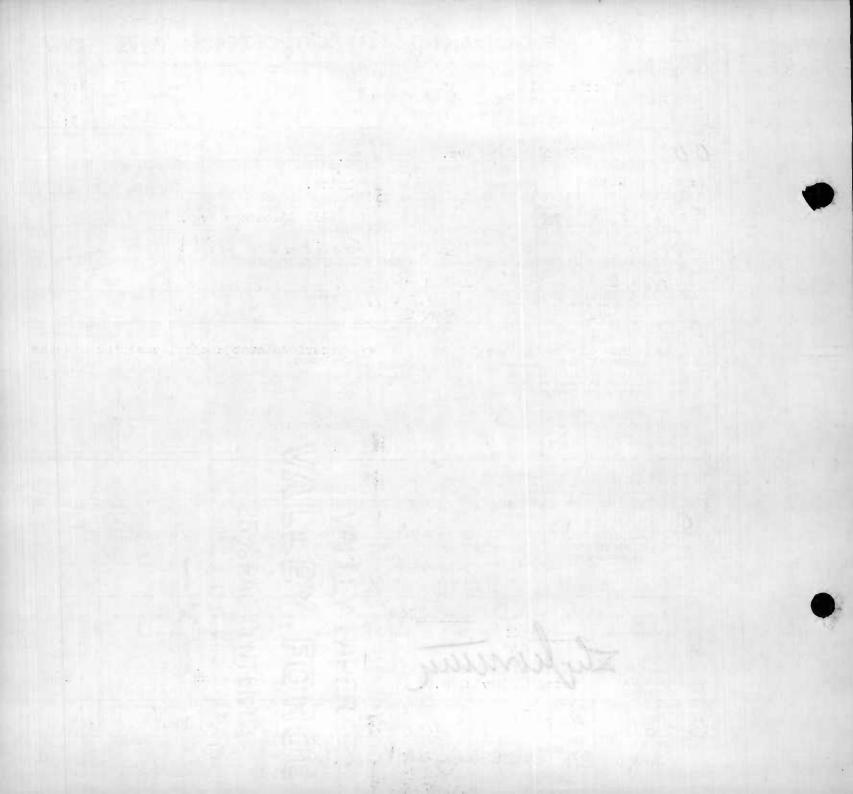


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71 3367

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG NO	1
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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	1 3367
BIRTH NO.		- 000
1. NAME OF DECEASED (Type or Print)	2. DATE Known A Manth Day	Yeor Hour
Hattle Hill	DEATH Estimated 4 4	71 3:48 p _{M.}
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	Yeor Haur
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If institution: res	71 3:48 рм.
A 0	A. STATE B. COUNTY	la la la
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Md. C. CITY OR TOWN D. INSIDE CITY L	IAAITS?
MARKIED WEVER MARKIED	D 14	
10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	Balto. YES	□ NO □
5-15-1898 last birthdoy) Manths, Days, Hours, Min.	2653 Edmondson Ave .	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Frederic Hill	
done during most of warking lile, even ifretired)	13. MOTHER 5 MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDR	ESS
(Yes, no or unknown) (II yes, give war or dates af service) SECURITY NO.		
19. 44 / CAUSE OF DEA	TH THE	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Arteriosclerotic cardiovasc	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE C		dial disease
	AS A CONSEQUENCE OF:	
injury or camplication which caused death.)		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS DEDECTORALED	. AUTOPSY? (Yes ar No)
O A DATE OF OPERATION 2005. CONDITION FOR WHICH OPERATION WA	45 FERFORMED 21	
	in ar obaut 22C. WHERE DID (If in Baltimare City, give exact to	no
	e bldg., etc.) INJURY OCCUR?	icondity
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
(APPROX.) m. WORK AT W	WHILE OVER THE	
I certify that I held an Inquiry Inspection XX Au	tapsy and that an this basis, death in my api	nion
	de Hamicide Undetermined manner	
Testified Halli. National copies & Accident	CHIEF MEDICAL EXAMINER	
ACTUAL TILL MANAGEMENT	ASSISTANT MEDICAL EVAMINED	DATE SIGNED
SIGNATURE M.D. EXAMINER'S PATER Linkovic M.D.	ASSOCIATE MEDICAL EXAMINER	4/5/71
NAME (Type)		
24A. BURIAL CREMATION, PARENT	or CREMATORY 24D. LOCATION (City, toyn, or	
APR 6 1971 Pole E. Jaber, 42.	C. Warning & 700 Edn	undson and
VS 151-REV. 1/1/68		8



APPROVAL

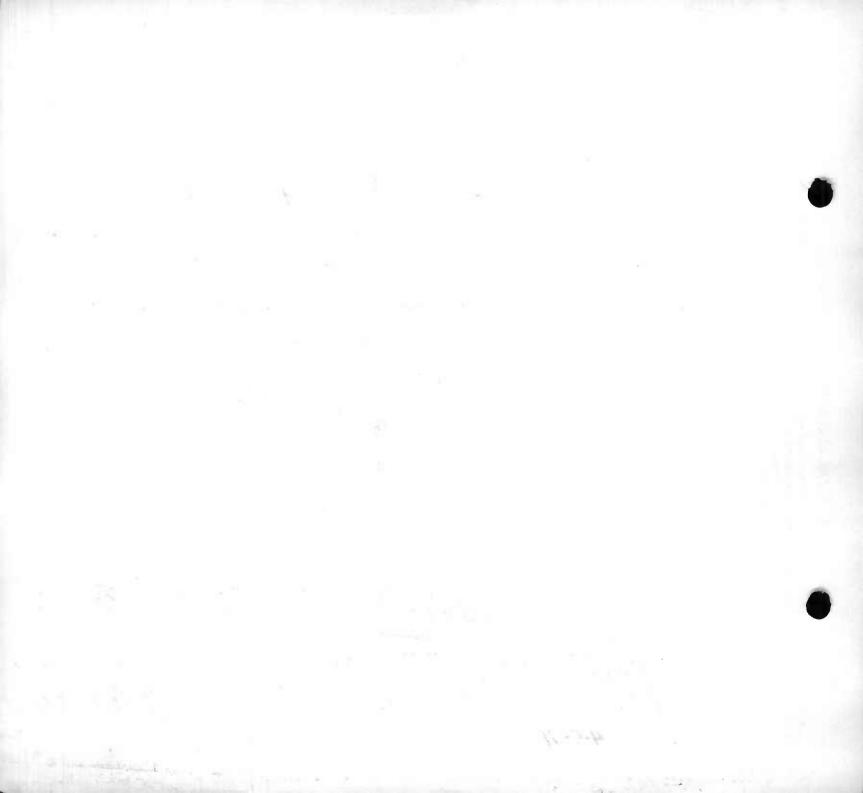
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BALTIMORE CITY HEALTH DEPARTMENT

DIRECTOR:

FUNERAL

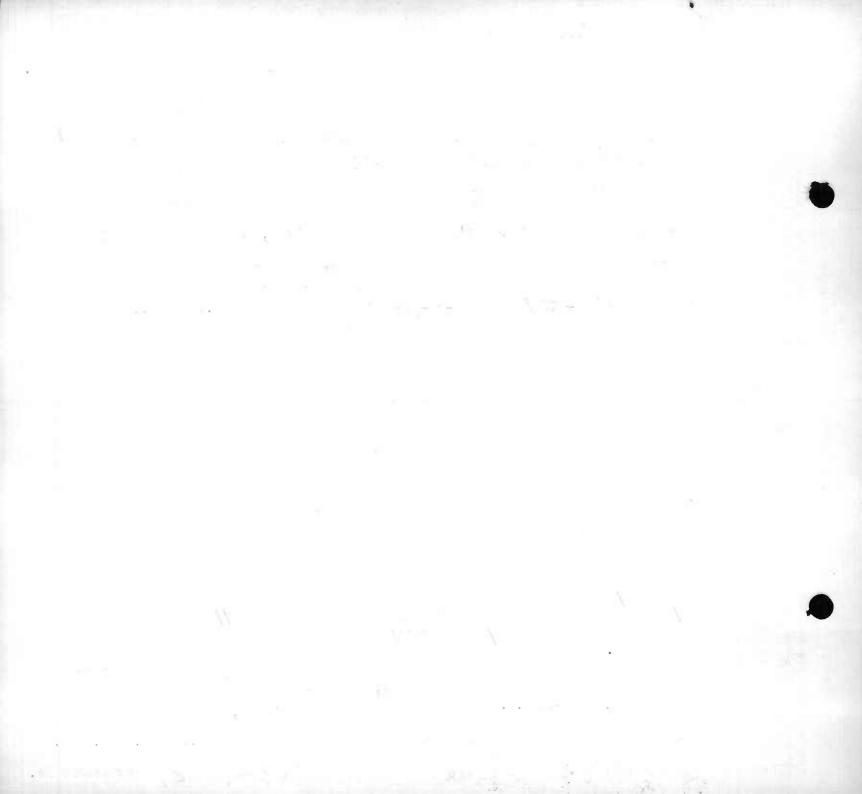
VS 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

1	1			BALTIMORE CIT	Y HEALTH DEPARTME	NT /	144 A	- #0
BIR	-263 TH NO.	71	3370	CERTIFICA	TE OF DEAT	TH REG. NO.	71 3	370
	AME OF DECEASE	D			2. DA	TE AND HOUR OF DEA	TH	
	W	LBUR RAY	RECARD			4-4-71		3:30 Pau
3. 1	PLACE IN BALTIMO	RE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived I	f institution: residenc	e before odmission)
HO	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	pennsylvani C. GIY OR TOWN	a Frankli	n V	-35
INS	HITUHON			on Hospital	C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?	
1		Loch Rave			Rouzervill	e	YES 🔀	NO 🗍
of		imore, Mar			E. SIREET AND NUM	BEK		
5. S					8. DATE OF BIRTH	, lo AGE (I		
	Male	White	WIDOWED		72/73/71	9. AGE (In years last birthdoy)	Months Doys	Il Under 24 Hrs. Hours Min.
IOA.	USUAL OCCUPATI	ON (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN OF	FWHAT COUNTRY?
	Watchman	g me, even il rentedi	Fridin	e G arage ger's Trail	Waynesbo	ro, Pa	USA	1
	ATHER'S NAME				14. MOTHER'S MAIDE	N NAME		
	Harvey Rec	ard			Maude: Wey	ant		
15, Y (Yes,	Vas Deceased Ever no or unknown) (If y	in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. WFORMANT	Records	ADDR	tESS
20.00	es 6	17/44 - 2		205-09-3038	3900 Loch Ra	aven Blvd., Ba	alto. Md 2	21218
П	18. 2 7 /	(VI		CAUSE OF DEAT		22000		OXIMATE INTERVAL
		CONDITION DI	RECTLY		0		BETWEEN	N ONSET AND DEATH
		ING TO DEATH		(A) IMMEDIATE CAL	ISE Meuro	nia BLL.	144 L	1 week
	(This does not me heart failure, asthe	eon the mode of nio, etc. It means	the disease.		A CONSEQUENCE OF:	In Massacian Consideration of the con-		
	injury or complicat	ion which caused	death.)	0			1	
	ANTE	CEDENT CAUSES		(8)	chosis of	liver	(1car.
	DISEASES OR C	ONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	//		1
	rise to the ab	NDITION last.	slaling the	(c)				
1		11		(0)				***************************************
NO	OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING					
A	TO THE DEATH BUT DISEASE OR CONDI	IION GIVEN IN PAR	[] (A).	***************************************	***************************************			
CERTIFICATION	9A-DATE OF OPER	ATION 198 CON WAS PER	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WER	E FINDINGS CONSI	DERED
CER	DIA. ACCIDENT W	AS LINDERIVING	1218	Black Of Business	Yes			
. 14	OR CONTRIBUTING	CAUSE OF	hom	PLACE OF INJURY (e.g., i	fice bidg, INJURY OCC	OLD (If In Boltin	nore City, give exect	locotion)
2	DEATH Inotify medic		elcJ					
MED	OF INJURY	th) (Doy) (Yeor)		INJURY OCCURRED		D INJURY OCCUR?		
	APPROX.)		Worl	le At Not While At Work	° 🗆			
2	2. I certify that	(1) (this hospital	attended th	e deceased from	March 28th	1971_taA	oril 4th	19 71
t	hat (/) (we) lost	sow the decease	d offive on	April 4th	19 71 .	nd that In(M) (our) o	pinion deoth occu	urred on the date
9	and hour ond from	the causes stat	ed abave. 🌿	(We) (dld) (djd/g6y) v	lew the bady after de	eath.		
	3A. SIGNATURE	(ha		()a () 111			238, DATE SIGN	ED
	0111	Tone	^	- Decree Phys	nding Med.	Staff Phys.	4/5	/71
4	NAME (Type)				23D. ADDRESS	Loch Raven H	breve Luc	
		M. TRONER	, M.D.	DEGREE		cimore. Maryla		
24A.	REMOVAL (Specify	N, 248. DATE	24C. NA	ME of CEMETERY OF CRE			City, town, or county	(Stote)
	Burial	4/7/71	Cal	vary Chapel C	emetery	Franklin Co.,	Wash. Twp.	Pa.
25A.	DATE REC'D BY H	1251/L • 11 -1	258 NAME O		25C. FUNERAL DIRE		ADI	DRESS
	APR 5	Pole &	E Jako	KA	David	2 Frove	Waynes	sboro Pa.



VS 151-REV. 1/1/68

		BALTIMORE CITY HEALTH DEPARTMENT
	sed the the uch	BIRTH NO. 71 3372 CERTIFICATE OF DEATH REG. NO. 71 3372
	- 0 C N	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	± + 9 o ₹	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (When a continuous residence before admission)
	se o (5) D ance deat	A. STATE B. COUNTY
	a hocaus se; (5 anda to d	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI C. CITY OR TOWN D. INSIDE CITY LIMITS?
		LUTHERAN HOSPITAL OFMO ISALTIMORE YESD NO
	ting d cau d cau r att prior e.	E. STREET AND NUMBER
	F 3 9 8	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	occurr ontribu ermine regula eased is mad	MALE WHITE WIDOWED DIVORCED 9-5-16 54
	in det	done during most of working life, even if retired)
	de d	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ĵ-	rect (4) U (4) U way the ispos	melion: I of a
AN	20 + F 20	15. Wos Deceosed Ever by U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS ADD
1 mar	E LA LOUE	(Yes, no or unknown) (Iff yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 3334/Alexand Coleman 3334/Alexand
POR	s a if any any and and a	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{	Also, and	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (a) Lump Oct 1970
::	cture cture ar a	hearl failure, asthenia, etc. It means the disease,
OR:	frac frac o p gulc	injury or complication which caused death.) ANTECEDENT CAUSES Extensive materials to B. 10-4-7
5	A f A f	DISEASES OR CONDITIONS, if any, giving (B) CA VENTS/VE THE VACCS CONTAINING THE MANY OF T
DIRE	ar ex	nse to the above cause (A) stating the UNDERLYING CONDITION tast. (C)
0	dical dical diras; (; rsician was in mains	
ERA	med med y bu phy ian	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODSEASE OR CONDITION GIVEN IN PART 1 (A).
Z	chieson a sody a the the hysicine the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF OBATH?
5	5 2 5 5	OP CONTENSION CONTENSION (If In Baltimore City, give exect location)
	hosp hosp natur ept w d (6)	21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
	the hiny no except and obtain	22. I certify that (1) (this hospital) attended the deceased from 27 197/ to 4 - 4 1971
	000.0	that (1) (we) lost saw the deceased alive on 4 7 7 and that In (my) (aur) apinian death occurred on the date
		and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
		Okja Kin Degree Phys. Attending Med. Director Phys. 238, DATE SIGNED 4/5/7/
	0 0 0	23C. PHYSICIAN'S NAME (Type) M.D. 23D. ADDRESS
	certificat sody was s: (1) An D.O.A. at assed pric	24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMPTERY OF CREMATORY 124D 10CATION (City to a country) (Six)
		EMOVAL (Specify) S/6/7/ 9200 M. The cotony R. At was Miles
	This cer the bod shows: (was D.C decease	25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR
	にもはいる	APR 6 1971 Poles E. Jaskey MA. John A. Cowan & Son Jac Balto Mid.
		VS 150-REV. 1/1/6B

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IMPORTANT

DIRECTOR:

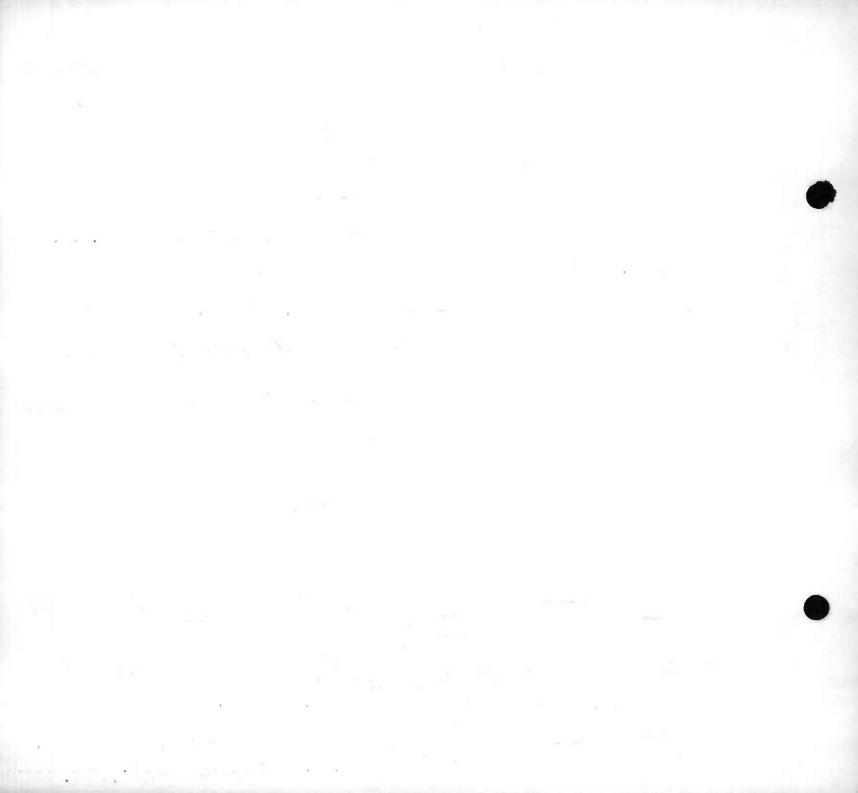
FUNERAL

VS 150-REV. 1/1/68



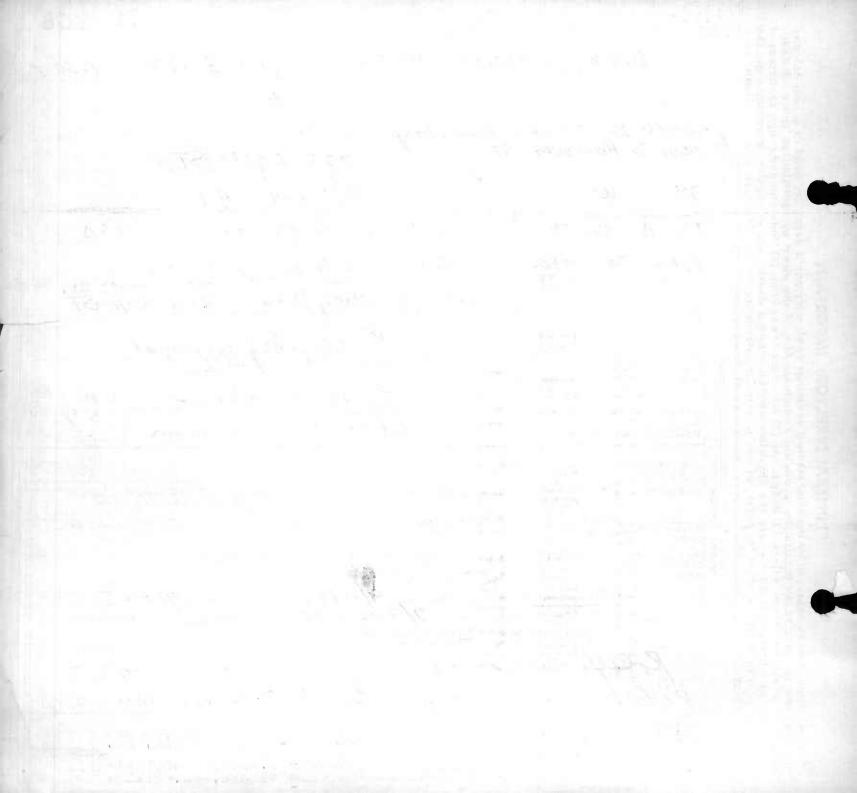
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	(bod)	D.G ase	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death howe: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind. (4) Independing the contribution of	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	2
	THE A. LE	S TI S	- 111

	AME OF DE	CEASED			2. DATE AN	D HOUR OF DEATH		
Liy	pe or Print)	Helen	T. La	inville	Apr	ril 5, 19	971 1	11:151
3.	PLACE IN BA	LTIMORE, MAR	YLAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived If i	nstitution; residence	e befare admis
FII	LL NAME OF	UE NOT	IN UASBITAL OR IN	NOTIFICAL CIVE CYCE	Maryland	111	17	11
HC	SPITAL OR STITUTION	ADDRESS	S OR LOCATION	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D 1810		//
	3111011011				Baltimore	D. 1143	SIDE CITY LIMITS?	No. [
0	/hr	0 -	3T	77	E. STREET AND NUMBER		YES	ио 🗌
1	()Long	Green	Nursing I	Home	337 Homeland	SouthWar	T	
5. S	EX	6. RACE	7. MAD	RIED NEVER MARRIED		9. AGE (In years	I II Hadaa 1 V.	, Il Under 24
	F	W	10.0	WED THE DIVORCED	9-22-1888	last birthday)	Months Doys	Hours Mi
t0A.	-				Y 11. BIRTHPLACE (Stole or fore	82	lia ciriten o	
done	e during most of	working life, ever	n if retired)			ign country	12. CHIZEN O	F WHAT COU
	House	wife	Ow.	n Home	Baltimore,	Maryland	U,	S.A.
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME		
	Upton	H. Tar	bert		Mary St	robel		
5. \ Yes	Was Deceased	d Ever in U. S.	Armed Farces? war ar dates of serv	1 6. SOCIAL	17. INFORMANT		ADDI	RESS
	_	mat yes, give \	wur ur gotes of serv					
_	18. // =	1 / / / /		219-22-152 CAUSE OF DEA		len L. Mi		Same
ľ	7	7141		CAUSE OF DEA	IR .			OXIMATE INTERV
	DISEA	LEADING TO	TION DIRECTLY	Pne	Remontes	. 1 de	.)	11.
1	(This does		mode of dying,	e.g. (A) IMMEDIATE CA	USE	/ were		
	heart lailure							
			II means the dise	lose,	S A CONSEQUENCE OF:			
	injury or con	nplication which	th caused deoth.)	ose,	0 00	- 0		
	injury or con		th caused deoth.)	(B) Cere	Chal Anti	usdan	reis 2	2 4
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1	1	. 1	mul	007	BALTIMORE CIT	Y HEALTH DEPARTMENT		mid ocumen
BII) -50C)	71	337	CERTIFICA	TE OF DEATH	REG. NO.	71 3376
	pe or Print)	DELA	140	Alhe	RT Wat	LO 2. DATE AI	ND HOUR OF DEATH	4
3.	PLACE IN BALT		AND, WHE	RE PRONOI	UNCED DEAD	4 USUAL RESIDENCE (Who	tre deceased lived. If institut	ion; residence before admission
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN	HOSPITAL OR LOCATIO	OR INSTITU	UTION, GIVE STREET	Marylan C. CITY OR TOWN	d	2201
4	south	Balt	MOR	2 6	ian. Hosp.	Baltimor	D. INSIDE C	NO NO
1	3001 5	5. Han	over	57.	. Nosp.	E. STREET AND NUMBER	4+ ST	
5.	SEX	6. RACE	7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If lost birthday) Mo	Under 1 Yr. II Under 24 Hise
101	M	W		VIDOWED [10/15/29	41	nths Doys Hours Min.
don	e during most of w	rorking life, even i	retired)	B. KIND OF	BUSINESS OR INDUSTRY	11. BINTHPLACE (State or fore	righ country) 12	CITIZEN OF WHAT COUNTRY?
12	Truck	- DRIV	IRR 1	Hara	desty Truck		ORE	USA.
1.36	FATHER'S NAM	Co	011		1.101	14 MOTHER'S MAIDEN NA	ME	
15	Wes Deceased	,>R.	UlDe	eT	waver	Lillian	Johnson	
(Ye	s, no or unknown)	(If yes, give wo	med Forces r ar dates o	f service)	16. SOCIAL SECURITY NO. 21.2 28 751	Mary Dehn	3608 Sev	ren th 55t. 21.22
	18. 3	101			CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION		TLY		00.0		A SELMEEN ONSEL AND DEATH
	(This does no	t mean the m	ode of dv	ing, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	g sophagea	1
	heart failure, a	sthenia, etc. It	means the	disease.	00E 10, 0K AS	A CONSEQUENCE OF:	varkes	
	A	NTECEDENT C	AUSES		4	who can	· hasai	more than
	DISEASES OF	R CONDITION	S, if any	, giving	DUE TO, OR AS	A CONSEQUENCE OF:	014) 302	Sylane
	UNDERLYING	CONDITION	e (A) sta last,	fing the	10 0	nomie al	coholism	
		- 11			(0)			NA 0-1
HOLL	OTHER SIGNIFIC TO THE DEATH	CANT CONDITIO	NS CONTR	BUTING				. 48
4	DISEASE OR CO	INDITION GIVEN	I IN PART 1	(A).	WHICH OPERATION	20A. AUTOPSY2 (Yes or No	V 000 15 455	****
ERTIFIC		W	AS PERFOR	MED	THICK OFERATION	ZON. AUTOPSTATIES OF NO	IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
AL CE	21A. ACCIDENT OR CONTRIBUT DEATH (notify a	T WAS UNDER	OF	21 B. home	e, form, foctory, street, of	n or obout 21 C. WHERE DID	(If In Boltimore City,	, give exect location)
-	21 D. TIME OF INJURY	(Month) (Doy)	(Yeor) (H	four 21 E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
8	(APPROX.)			While	e At Work			
	22. I certify t	hat (1) (this h	ospital) at		e deceased from	7/15/70	10 0 9/2	2 10.7
	that (1) (we) 1				9/2		10-11-	death occurred on the dote
					(We) (did) (did not) v	lew the body after deoth.	- infinit foot obtition	additi occurred on the dote
	23A. SIGNATUR	E			teral tera licit t	Tew the body offer deoffis	238.	DATE SIGNED
	Ro	Dalla	Ch	Min	YIA A/ Dhum	nding Med.	Staff Phys.	142 /21
	23C. PHYSICIAN NAME (Typ	rs del			CA DEGREE!	23D. ADDRESS	111/3.	7/3///
	Rodo	040 G	2 410	N	MA	South Ba	Iti more Q	in Harn
24A	REMOVAL (Sp	ATION, 24B. D	ATE	24C. NA	ME of CEMETERY or CRE	MATORY 24D. LO	OCATION (City, low	vn, or county) (State)
E	Burial	4/	6/71.	G1	en Haven Me	emorial Pk	Glen Burnie,	MA
25A	DATE REC'D			NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR		Md .
	ATK (12/1	ع کیمان	. Valle	M.D.	George J.	Gonce 4001	Ritchie Hgy.
	150-REV. 1/1/68							



Q 11A	BALTIMORE CITY	HEALTH DEPARTMENT		m/4 01	רייוריים
71 3377	CERTIFICA	TE OF DEATH	REG. NO	71 3	377
1. NAME OF DECEASED (Type or Pant)	5.	2. DATE AND	HOUR OF DEATH	71 1 4	45 PM
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNC	ED DEAD	A. STATE B. COUNT	deceased fived. If in	stitution; residence b	efore admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N. GIVE STREET	C. CITY OR TOWN	2	DE CITY LIMITS?	300
114 Com Hemoral 1	tospiful	Glen Hrm		YES N	0 2
47 33 & md Calmy	5/	Box 665	Harlons	Road	3 37
S. SEX 6. RACE , 7. MARRIED 1	NEVER MARRIED		AGE (In years	If Under 1 Yr. Months: Days H	f Under 24 Hrs.
MILL CHICASIAN WIDOWED	DIVORCED [Feb 21 1894	MM		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if retired)	INESS OR INOUSTRY	11. BIRTHPLACE (State or foreig	n country!	12. CITIZEN OF W	HAT COUNTRY?
terned		Mayland	√	U.S.A	7.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	WE. WE	EINREICH	
Antone Keier		Wilhelm	una A. Xo	Kertera	
	SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	
YES WW. 1 21	8-03-0554	FAMILY			
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	/		APPROXI	MATE INTERVAL
LEADING TO DEATH	(A)IMMEDIATE CAU	. A dute Renal	Laulier		
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:	The contract of the		
injury or complication which caused death.) ANTECEDENT CAUSES	follow	ving surge	ry		
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	***************************************		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) / (a)	Tam Al	shaf	22	
11	1 4		/ 6		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 174. OATE OF OPPRATION 1198. CONDITION FOR WHICH					
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	W OPERATION	20A. AUTOPSY? (Yes or No)	200 IS VER WERE S	INDINGS CONSIDE	250
E 3-20-71 _ WAS PERFORMED _	f / // /	Vac	IN CERTIFYING CAL	ISES OF DEATH?	KED
U 21A. ACCIDENT WAS UNDERTOND 21B. PLA	CE OF INJURY (e.g., ig	about 21 C. WHERE OLO	(If In Baltimore	City, give exact loca	otion)
OR CONTRIBUTINO CAUSE OF home, for DEATH (notify medical examiner)	rm, foctory, street, off	Tee bldg., INJURY OCCUR?			
= IOF INJURY	URY OCCURRED	21F. HOW DIO INJU	RY OCCUR?		
(APPROXI) While A	Not While				
22. I certify that (1) (this hospital) attended the de	eceased from	Tunch 20 19	7/ 10 A	enil 3	19.7/
that (i) (we) lost sow the deceased alive an	April 3		in(my) (our) opin		ed on the date
and hour and from the couses stated above. (1) (We	e) (did) (did not) vi	ew the body after death.			
23A. SIGNATURE				23R DATE SIGNED	
16 mit	DEGREE Phys.	ding Med. S	hys.		
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS			1000
24A. BURIAL CREMATION, 124B. DATE 124C. NAME	DEGREE of CEMETERY of CREA	MATORY	CATION (C'	4 dawn as areas to	(\$2
REMOVAL (Specify)	k wood	A	0	, town, or county)	(Stote)
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF RE		25C. FUNERAL DIRECTOR	.To. County	ADDRI	ESS .
DR 7 1971 Page & Spiller M.D.		OC.F. EVANS + So	N 8802 H	ARFORD R	vad
/S 150-REV. 1/1/68					



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VS 150-REV. 1/1/68

e se translation de la company 1967 S.1559

ype or Print) Pearl Pa	ddock	2. Date and hour of de. March 26, 1971	
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY MARYLAND C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER	If institution residence before admissing the state of th
/ O Long GReen Nursing		BLACKBURN COUR	
FEMALE WHITE WIDE	RRIED NEVER MARRIED DIVORCED DIVORCED	APP. 1891 9. AGE (In years lost birthdoy) APP. 80	
A, USUAL OCCUPATION (Give kind of work 10B, KII one during most of working life, even if retired) HOMENARER	ND OF BUSINESS OR INDUSTRY	MINN.	USA
Grather's name UNKNOWN	TYTE	14. MOTHER'S MAIDEN NAME UNKNOWN	
es, no or unknown) (If yes, give yer or dotes of set	vice) 1 6. SOCIAL SECURITY NO.	NURSING HOME RECOR	ADDRESS
LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stating	giving (B) OF A	LICONSEQUENCE OF: LICONSEQUENCE OF: LICONSEQUENCE OF: S A CONSEQUENCE OF:	years
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SERVICE PARK

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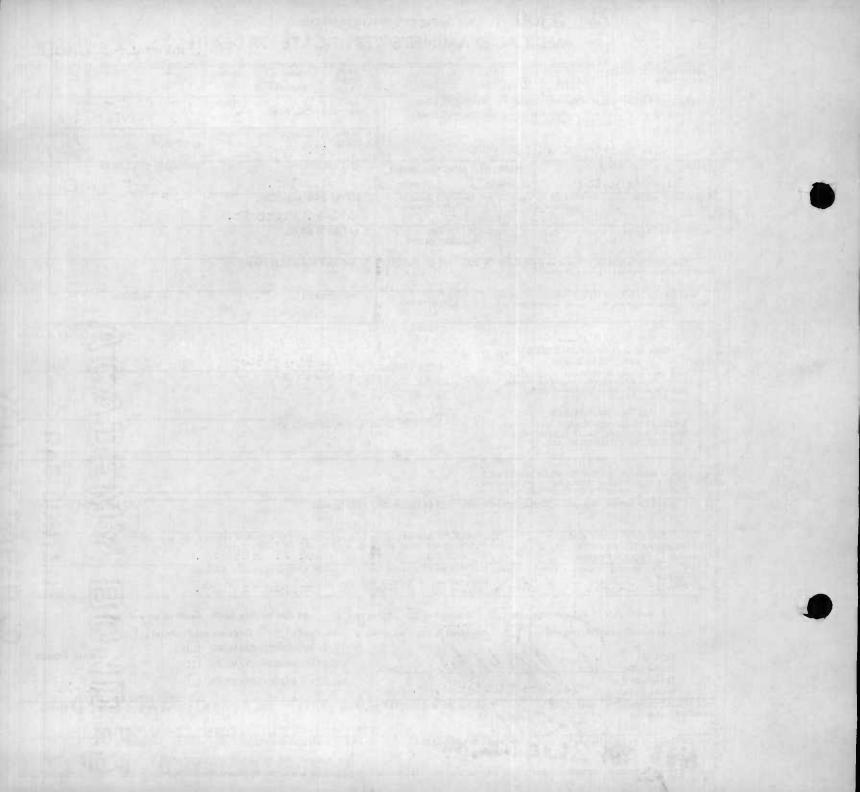
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NO NURSENG HONE RECORDS

FEMALE CHEFF

7	71	3380	BALTIMORE CITY HEALTH DEPARTMENT
R-250		MEDICAL	EXAMINER'S CERTIFICATE OF DEATH REG.
BIRTH NO.			REG.

BIRTH NO.				- TOTAL		CAIL OI	DLAI	REG. NO.	. # .d.	_3300	
I. NAME OF DEC		AMEC DEA	OFN		2. DATE OF	Known 🗌	Month	Doy	Yeor	Hnur	
1 BLACE IN BALL		AMES REA			DEATH	Estimated 🗌					М.
4. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION				OUNCED DEAD ON, GIVE STREET		JNCED DEAD	Month 2	Doy 5 ~	1971	4 a	м.
University Hospital (DOA)						esidence (Wher	e deceased li	ed. If institution B. COUNTY	: residence	before admissin	pn)
MARKIED NEVER MARRIED				C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS	1		
male	MIDOMED DIVORCED					Balto.		YE	s 🖾	№ □	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.					W. Pratt	St.					
II. BIRTHPLACE (S	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					SNAME					
14A.USUAL OCCUP dane during mast of w	PATION (Give kind orking life, even If	d af work 14B. KIN retired)	ID OF	BUSINESS OR INDUSTRY	15. MOTHE	S MAIDEN NA	ME				
16. WAS DECEASE (Yes, no or unknown)	ED EVER IN U.S.	ARMED FORCE	ES? :e)	17. SOCIAL SECURITY NO.	18. INFORM	TANT		AD	DRESS		
19.	OLX			CAUSE OF DEA	TH					PPROXIMATE INTE	RVAL
(This does not heart foilure, injury ar com DISEASES ORISE TO THE UNDERLYIN	LEADING TO DE at mean the made as the nia, etc. It m plication which co ATECEDENT CAU ABOVE CAUSE G CONDITION II IFICANT CONDITION	de of dying, e.g. leans the discose, lused death.) JSES J. IF ANY, GIVING (A) STATING TH LAST.	G E	/a)	AUSE CONSEQ		on				
TO THE DEA	TH BUT NOT RELA	ATED TO THE TER	MINAL).	WHICH OPERATION WA				***********			
B DAIL OF	OF ERAIION 120	. CONDITION	NFOR	WHICH OPERATION WA	S PERFORM	ED			. 9	OPSY? (Yes ar I	Na)
Z 22A. EXTERN	VAL CAUSE WAS		228.	PLACE OF INJURY(e.g.,	In ar about 2	C WHERE DID	(If in Baltimar	e City alva ever	no		
UNDERLYING	OR CONTRIB	•	hame	, form, factory, street, affice hotel	bidg., etc.) IP	JURY OCCUR? 402 W. Pr			a locollony		
≥ 22D. TIME (/	Manth) (Day)	(Year) (Ha	ur) 2	E.INJURY OCCURRED		F. HOW DID IN					
OF INJURY (APPROX.)	2-5-71	2:40 a	m. W	HILE AT NOT	WALLE	Trapped i			in.		
1 certi	fy that I held	7		Inspection X Aut	орзу 🗌	ond that on the		deoth in my d	7		
		15	-	- /-		HIEF MEDICAL E					
ACTUAL SIGNATU	RE /	11/1/1	hul	M.D. M.D.	ACCIC	TANT MEDICAL E		3		DATE SIGNE	D
EXAMINE NAME (Ty	R'S	sidore M	iha]	lakis, M.D.		CIATE MEDICAL E	XAMINER		2	2-5-71	
24A. BURIAL CREM REMOVAL (Specify	ATION, 248. 1	-5-7	241	. NAME of CEMETERY	OF CHEMA TO	3405	OCATION	(City) Invi	ar coup,	(State)	
25A. DATE REC'D E	A HEVILH DELL	32. E 25 57	VANE	OF DEDISTRAR	UNISE.	UNER AL DIRECTO	EDIC	AL SE	HQO	L	
VE ISLEEV VOVO	404				0 40	411714	SER	VICE -	BU	IU	



24C. NAME of CEMETERY or CREMATORY

25B. NAME OF REGISTRAR

24D. LOCATION

25C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

24A. BURIAL CREMATION,

REMOVAL (Specify)

Burial 4

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/6B

24B DATE

Letter from M.E.'s office 4-26-71 M.H.

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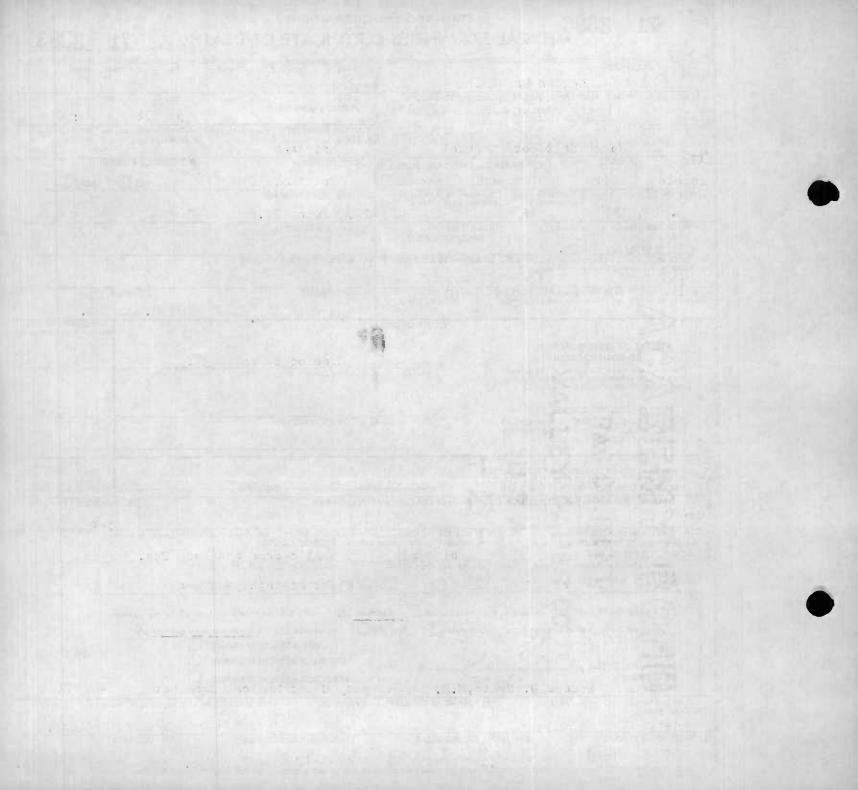
5-622 71 33	BALTIMORE CITY	HEALTH DEPARTMENT	71 3382
G-623 /1 33	CERTIFICA	TE OF DEATH REG.	NO. 11 3382
1. NAME OF DECEASED		2. DATE AND HOUR OF	DEATH
Type of Print JOSEPH ANTHONY	GERSTBRIC)		7/ 1/1/2
3. PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONOUNCED DEAD	4. USUAL RESIDENCE (Where decosed line)	vod. If institution: residence before admission
FULL NAME OF HOSPITAL OR II ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	MARY LAND	D. INSIDE CITY LIMITS?
1501 E. 35+H	STREET	BALTIMORE	YES W NO
00		E. STREET AND NUMBER	5+4
5. SEX 6. RACE 7. MAR	RIED PNEVER MARRIED	8. DATE OF BIRTH 19. AGE (In ve	
M WIDO	WED DIVORCED	3 /19 /11 lost birthday)	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTR
REPAIRMAN	IL BURNER	BALTO MID	1/8A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1 4 3/1
EDILLARD CERST RE	oic k	UNKNOWN	
5. Was Deceased Ever in U. S. Armed Farces? res, no or unknown! (If yos, give war ar doles af serv	6. SOCIAL	17. INFORMANT	ADDRESS
A(O) =	SECURITY NO. 218-01-3517	LUISE	SAME
18.7	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A)IMMEDIATE CAU	SE MYOCARDIAL	INFART 30 Minut
(This does not mean the made at dying, hand toilure, asthenia, etc. It means the dise	0.0.	CONSEQUENCE OF:	-,0,14,0
injury or complication which caused death.)	,	((:	
ANTECEDENT CAUSES	(a) ART	ERIO Sclerotic Ht	DISEASE ?
DISEASES OR CONDITIONS, il any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	
risa to the above cause (A) stating UNDERLYING CONDITION last.	(C)		
	(-//		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG		
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	***************************************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, IN CERTIFY!	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inatify medical examined	21B. PLACE OF INJURY (e.g., in homo, farm, factory, streat, off etc.)	ar about 21 C. WHERE DID (If In lee bidg., INJURY OCCUR?	Baltimare City, give exact lacation)
21D. TIME (Month) (Doyl (Year) (Haur) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Wark		
22. I certify that (1) (this bospitel) attended	ed the deceased from	4/3 19 7/ 10	4/3 10 7/
that (I) (we) last saw the deceased alive	A man and a series	. /	ur) apinian death occurred an the date
and haur and from the causes stated above			seein secured an ine day
23A. SIGNATURE	, , , , , , , , , , , , , , , , , , ,	- Ind body dilet dedile	238, DATE SIGNED
millen of E	anoth MD Atter	ding Med. Staff Phys.	4/2/21
23C. PHYSICIAN'S		3D. ADDRESS	1/3/1/
MILTON L. ENE	1.11	mol & amblain	c st
4A. BURIAL CREMATION, 124R. DATE 1241	C. NAME of CEMETERY OF CRE	MATORY PAD LOCATION	(City, tawn, or caunty) (Stote)
Burial 4/7/171	Oak Lawn Cemete		
SA. DATE REC'D BY HEALTH DEPT. 258. HAA	WHOF REGISSIAR	25C. FUNERAL DIRECTOR	ADDRESS
APR 7 1971 Resear E. Va	Bey Mil		3000 E. Baltimore St/
/S 150-REV. 1/1/6B		4	C. ====================================

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2322	BALTIMORE CITY HEALTH DEPARTMENT

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(Ty	pe ar Print)		Bertha	Mae	Ruck	1		OF	Estimated		701011111		ОУ	1601	Prour	
4.	PLACE IN BAL						3. D	ATE	Estimoted		Month	D	ay	Yeor	Hour	М.
FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)							INCED DEAD		4	5	7	1	3:30		
							5. U	TATE	SIDENCE (W	Vhere o	deceased	lived. If i B. CO	nstitution	n: residence	befare odn	issian)
16			Balti					Ma	ryland							
6.	SEX	7. RACE		8. MARE	RIED 🗌	NEVER MARRIED	C. C	ITY OR	TOWN			D. IN	SIDE CI	TY LIMITS?		
	emale	white		WIDOV	VED 🗌	DIVORCED		Ва	1timore	2			Y	ES 🗌	NO 🗆	
9.	DATE OF BIRTI	Н	10. AGE (In	years	If Unde	Pr I Yr. If Under 24 I	Hrs. E. S	TREET A	ND NUMBER	R		1	5	100 11	12	
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п	Cincinn	ati Ol	hio		WH	IAT COUNTRY?										
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dan	e auring most or w	orking lile, ev	en Ifrelired)													
16	Packer	ED EVED IN	II S APMED			wray Glas		NEODA	ANIT					22255		
(Ye	WAS DECEASI	(Il yes, give v	var or dates	service) '	SECURITY NO.	10. 1	NFORM	ANI					DDRESS		
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	19.	6 XI	X			CAUSE OF I	PEATH				21-11-11				PPROXIMATE	
	DISEASI	E OR COND	TION DIREC	CTLY												
		LEADING TO				/ANIMMEDIA	TE CAUSE	Cra	niocere	bra	1 in	iurv				
	(This does no	ol meon the osthenia, étc. plication which	made of dyl	ng, e.g.,		DUE TO,	OR AS A C	ONSEQU	JENCE OF:							
	Injury or can	plication which	h caused dea	th.)												
	4.0	TECEDENT	CALICEC													
		OR CONDITION		GIVING		(B)	OR AS A	CONSEC	UENCE OF:							
	RISE TO THE	ABOVE CAL	USE (A) STAT	ING THE												
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CERTIFICATION			11							-						
<u>े</u>	IO IHE DEA	IFICANT CON	RELATED TO	THE TERM	INAL											
IE	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)-												
E	20A. DATE OF	OPERATION	1 20B. CON	IDITION	FOR WI	HICH OPERATION	WAS PE	RFORM	D					21. AUTC	OPSY? (Yes	or No)
0	7													Ve	20	
₹		VAL CAUSE			22B. PLA	CE OF INJURY(e	g., in or	abaut 22	C. WHERE D	ID (II	In Baltima	are City,	give exa	ct location)	.0	
ŏ	UNDERLYING UTING CA	MOR CON	TRIB-		ham e, la			, etc.) IN	JURY OCCUI	R?	1	D 1	Q1			
X	22D. TIME (Month) (D	oy) (Year)	(Havi) 122E.	Sidewalk		22	Alicean F. HOW DID	ina	and .	Roud	SES	•		
	OF INJURY (APPROX.)	3 26	71	?		•	OT WHILE		lunt in				d			
	23.			_												
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	result	ed framt N	aturol caus	45	Acci	Ident Sul	cide 🗌	Hor	nicide 🗌		determ		-	-		
		111110	LIN	1	1	1			HIEF MEDICA							
	ACTUAL		TWO	N	1	,			TANT MEDICA			$\overline{\Box}$			DATE SIG	NED
	SIGNATU		-	-	-		M.D.									
	NAME (T	ype) W	erner	U. S			-	ty C	hief Me	dic	al E	xami	ner	4	/6/71	
	A. BURIAL CREM MOVAL (Specif		4B. DATE		24C. I	NAME of CEMETE	RY or CR	EMATOR	RY 24	4D. LC	CATION	1 (Ci	ty, town	, ar county) (St	ate)
	Runial		1,_9_79	71		0	0 7	1.2		Ra	1tim	ore	Coun	tar Mar	ryland	
25/	. DATE REC'D	BY HEALTH I			AME OI	REGISTRAR	II Hai		JNERAL DIRE	CTOP	~ U (1)	016		DRESS	утапс	•
1	APR 7	1974		060	est.	E. Jaile	MI								,	A
VS	151-REV. 7/1/68						10	L 101	lly & 2	-GIT	er 1	nc.	TA0T	O7 E	asterr	Ave.
		CI V D	~ 1													

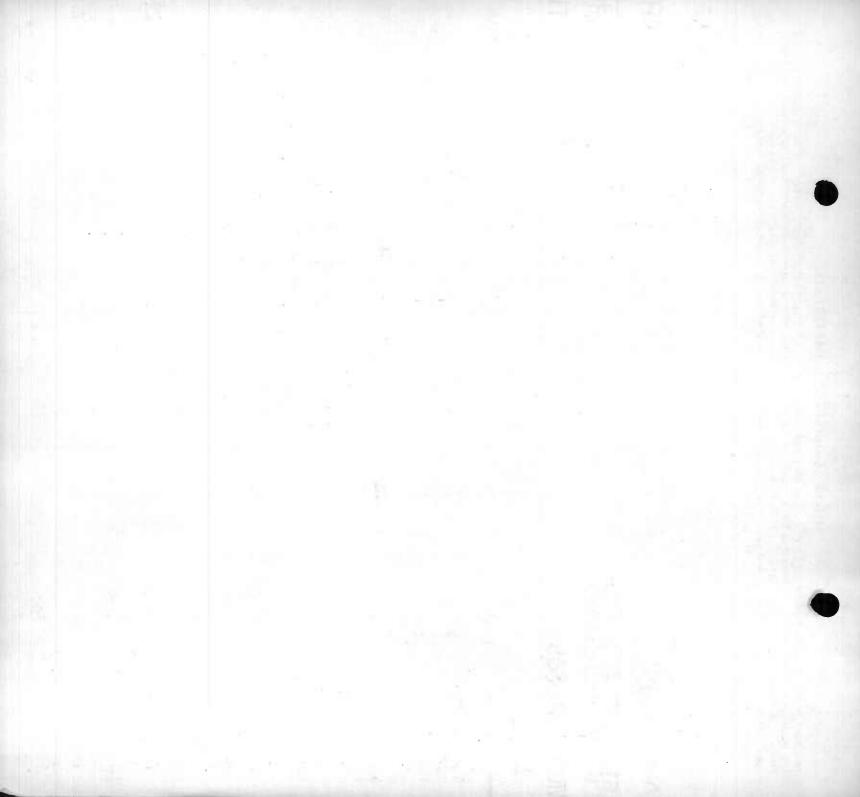


7 APR

VS 150-REV. 1/1/6B

Such

Type or Print)	CECILIA	LOPEZ	2. DATE AND HOUR OF DE April 4, 1971	ATH
3. PLACE IN BALTIMORE	, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	. If institution: residence before admission
FULL NAME OF (IF HOSPITAL OR AT INSTITUTION	NOT IN HOSPITAL (OR INSTITUTION, GIVE STREET	Maryland	INSIDE CITY LIMITS? 203
00 601	S. Chapel	Street	Baltimore E. STREET AND NUMBER 604 S. Chapel Stre	YES NO O
Female Whi	l de a	MARRIED NEVER MARRIED DIVORCED	Sept. 24, 1905 9. AGE (In years	
OA, USUAL OCCUPATIO Ione during most of working Housewife		Own Home	11. BIRTHPLACE (State or foreign country) Yonkers, New York	U.S.A.
3. FATHER'S NAME	imon Finn		14. MOTHER'S MAIDEN NAME Margaret Curtin	program
5. Was Deceased Ever in Yes, no or unknown) (If yes	U. S. Armed Forces? give wor or dotes of	service) 16. SOCIAL SECURITY NO. 215-12-9489	17. INFORMANT Stanley M. Downes Buf	falo. New York
(This does not med heart failure, astheminiques or complication ANTEC DISFASES OR COurise to the above	CONDITION DIRECT NG TO DEATH in the mode of dying, etc. It means the number of death EDENT CAUSES NDITIONS, if any, recouse (A) state	disease, NOTE: giving (A) IMMEDIATE CALL DUE TO, OR AS DUE TO, OR AS	A CONSEQUENCE OF: MERCY HOSP PECOTO ROTM A CONSEQUENCE OF: Chart	POSS STUOS
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COTHER STONIFICANT OF THE DISEASE OR CONTINUE CO	ING TO DEATH IN the mode of dying, etc. It means the number of the numbe	giving ting lhe BUTING RAIL ALL DOLL TO, OR AS CHARLE ALL DUE TO, OR AS CHARLE ALL DUE TO, OR AS CHARLE ALL DUE TO, OR AS CHARLE ALL DON FOR WHICH OPERATION	Juval Corcunduce A CONSEQUENCE OF: CHERCY HOSP PROCESS ROOM	Posis Between onset and death 3 ruos
CTHER STGNIFICANT OF THE DESTA BUT TO THE DEATH BUT TO DISEASE OR CONDITION OF CONTRIBUTING TO THE DEATH BUT THE BUT THE DEATH BUT THE DEATH BUT THE BUT T	ING TO DEATH IN the mode of dying, etc. It means the notice that the mode of dying, etc. It means the notice that the mode of	giving ting lhe BUTING RAIL ALL DOLL TO, OR AS CHARLE ALL DUE TO, OR AS CHARLE ALL DUE TO, OR AS CHARLE ALL DUE TO, OR AS CHARLE ALL DON FOR WHICH OPERATION	A CONSEQUENCE OF: O MERCY HOSP PECOND ROTM A CONSEQUENCE OF: Chart O NO 120A. AUTOPSY? IYES OF NO NO n or obout 121C. WHERE DID (If In Bo)	Posis Between onset and death 3 ruos
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VOILY OTHER STGNIFICANT OF THE DEATH BUT NO THE DEATH BUT NO R CONTRIBUTING DEATH Inotify medical control of the Control of t	ING TO DEATH IN the mode of dying, etc. It means the new which caused dead to the course (A) state of the course stated of the	giving ting The DUE TO, OR AS	A CONSEQUENCE OF: WERCY HOSP PECOND, RODM A CONSEQUENCE OF: Chart 20A. AUTOPSY? IYES OF NO. 20B. IF YES, W IN CERTIFYING n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 4 — 4 — 7 (AM) to 21F. HOW death. 21F. How death. 22D. ADDRESS Add. Stoff Director Phys. 22D. ADDRESS Charte	RETWEEN ONSET AND DEAT STUDS VERE FINDINGS CONSIDERED CAUSES OF DEATH? Itimore City, give exoct location)

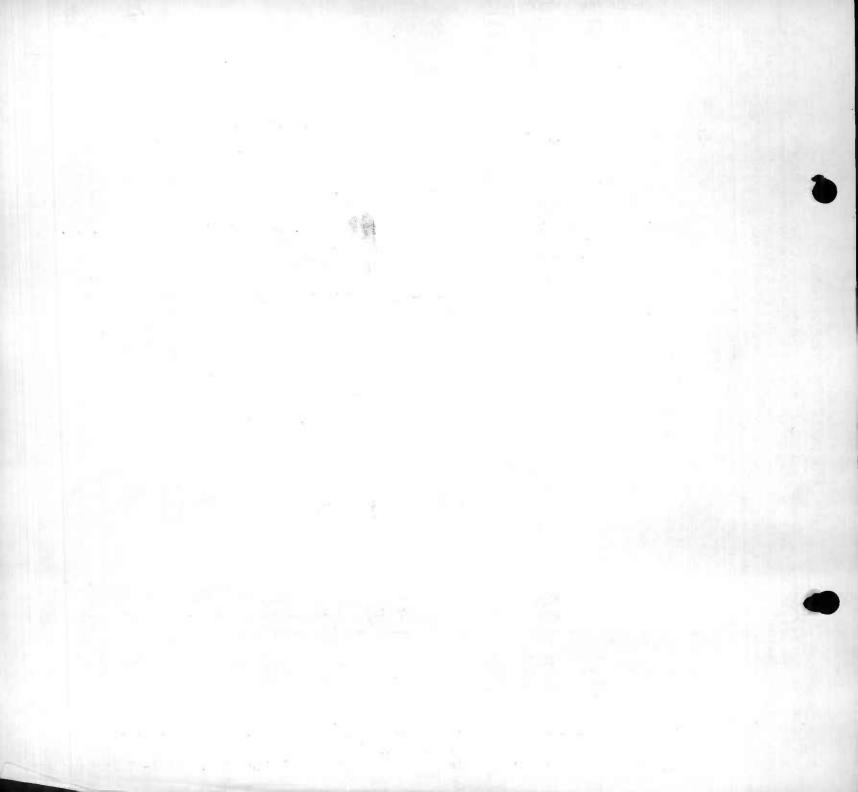


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VS 150-REV, 1/1/68



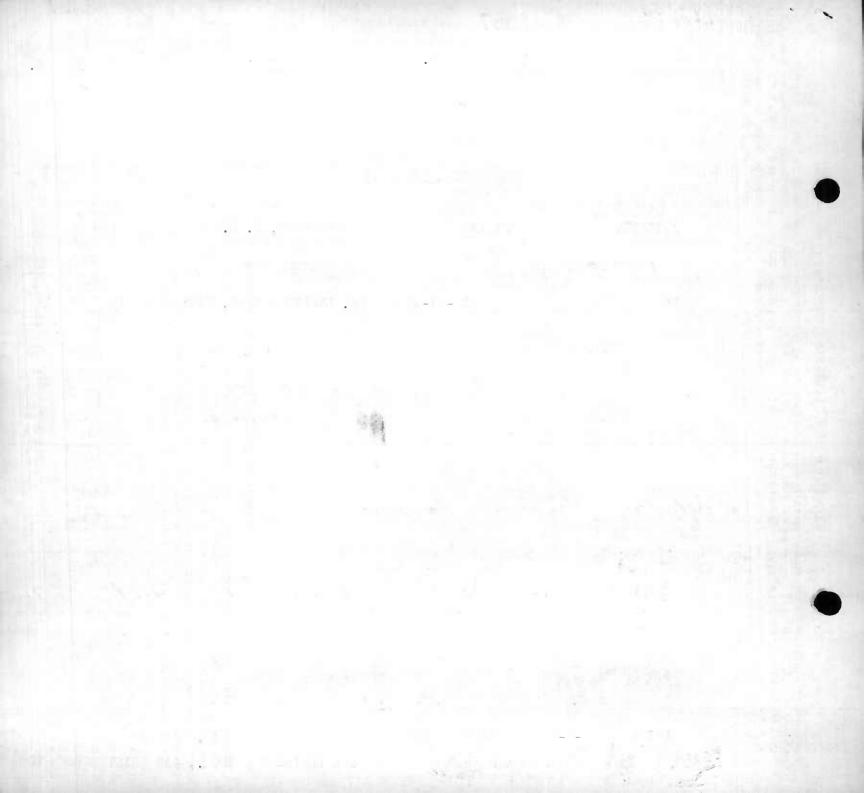
	BALTIMORE CITY HEALTH DEPARTMENT
	GIRTH NO. 71 3386 CERTIFICATE OF DEATH REG. NO. 71 3386
1	THOMAS RUSSELL 2. DATE AND HOUR OF DEATH 4/4/71 910 A.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND 1502
ľ	Baitings -
1	90 27 N. CAKEY ST E. STREET AND NUMBER 928 N. MOUNT ST.
5	SEX 6. RACE 7. MADDIED AISVED MADDIED 8. DATE OF BIRTH 9. AGE (In visite) 11. II. II. II. II. II. II. II. II. III. II. III. II
	14 IVERKO WIDOWED DIVORCED 9/29/86 (ast Distributor) Months Doys Hours Min.
d	OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY USA
ī	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	KICHARD RUSSELL ENLES LETTE CARDEN
ď	S. Was Deceosed Ever in U. S. Armed Farces? (es, no or unknown) (III yes, give was at dates of service) ADDRESS ADDRESS
L	217-03-6780 / ellie Home 7221 M. Carrolttone
	CAUSE OF DEATH
	LEADING TO DEATH ARCINOMA OF COLON
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. it means the disease,
	injury or complication which coused death.)
	ANTECEDENT CAUSES (B)
	DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stoling the
	UNDERLYING CONDITION last. (C)
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
ACIA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OFERATION 19B. CONDITION FOR WHICH OFERATION 20A. AUTOPSY2 (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CEPTIEIC	17A. DATE OF OFERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY2 (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAIA	In Boltimore City, give exact location
MEDIC	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
W	(APPROX.) White At Not White Work At Work
	22. I certify that (I) (this hospital) attended the deceased from 3/10/7/ 19 to 4/4/7/ 19
	that (i) (we) lost sow the deceased alive on 4/24/7/ 19 ond that in (my) (our) opinion death occurred on the date
	and hour and from the couses stated above. (1) (We) (did) (did not) view the hady offer death
	23A, SIGNATURE
	Attending Med. Staff Director Phys. 1
	NAME (Type) HOLLIS SEUNARINE 23D. ADDRESS 1801 GREENBERRY Rd MAG 2120
24	A. BURIAL CREMATION, 24B, DATE 24C NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (Stote)
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC, FUNERAL DIRECTOR ADDRESS
	APR 7 1971 Resel E. Faller, M.D. V. Branks Rue on IS 1413 M. Cares O
/S	150-REV, 1/1/68

A

3387 Registered Na. CERTIFICATE OF DEATH of death Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) NEEDLE, Sidney B. uo 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission)
A. STATE
B. COUNTY eath ance (2) cause Maryland FULL NAME OF (II not in hospital or institution, give street oddiess or tocotion) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If jurol, give location) contributing The Johns Hopkins Hospital P etermined 3403 Bancroft Road
8. DATE OF BIRTH 9. AGE (In years lost birthday) D 7. MARRIED, NEVER MARRIED S. SEX 6. RACE BE WIDOWED, DIVORCED (specify) Male White 4/28/02 68 Married 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) ATTORNEY AT LAW WASHINGTON. D. C. 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 3 Samuel Needle Dora Baer eath 15. Was Deceased Ever in U. S. Armed Forces? 7. INFORMANT 6. SOCIAL (Yes, no or unknown) (II yes, give wor or doles of service) SECURITY NO. 215-01-4769 NO CAUSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY of LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It meons the diseose, injury or camplication which caused death.) regul ANTECEDENT CAUSES who DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED NO 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, loim, foctory, street, office bldg., INJURY OCCUR? CARCINOMI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF to the hospital DEATH (notify medical examiner) MEDIO 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not White (APPROX.) At Work Work any 22. I certify that (1) (this hospital) attended the deceased fram. that () (we) last saw the deceased alive an... eath) and hour ond fram the causes stated abave (1) (We) (did) (dld nat) view the bady after death. Attending Med. Stoff Phys. 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS at M.D. James R. Reynolds 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION Ö shows: 4-4-71 BALTIMORE HEBREW Was 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 His. If Under 1 Yi. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS MRS. EVELYN NEEDLE, 3403 BANCROFT ROAD #15 ONSET AND DEATH 20 A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)and that in (my) (our) apinlan death occurred an the date 23B, DATE SIGNED The Johns Hopkins Hospital (City, town, or county) BALTIMORE, MARYLAND ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

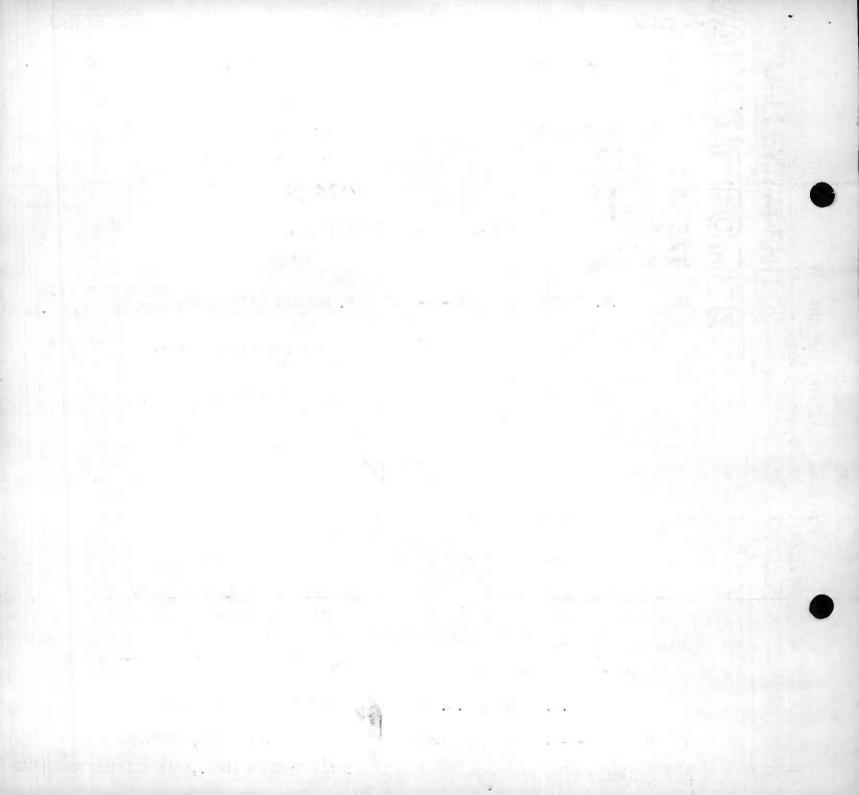


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Eq. (E. F. Say Toleman Land St. Le.

THE STATE OF THE S

BALTIMORE CITY HEALTH DEPARTMENT 3389 CERTIFICATE OF DEATH REG. NO. 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) D. INSIDE CITY LIMITS? NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 110 JANELIN DRIVE BETWEEN ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact location) and that in (my) (our) opinion death occurred an the date (City, town, or county) ADDRESS LEVINSON & BROS.,6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

White Carment or from CE Quert ? IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES No T If Under 1 Yr. Hours Min. 12. CITIZEN OF WHAT COUNTRY? Cherry 5410 GwyRAHWle Ave. Baltimore, Md. 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (if in Boltimore City, give exect location) and that in (any) (our) apinion death accurred an the date 23 B. DATE SIGNED (City, town, or county)



Such

BERH NO. T. AAME OF DICEASED (Type of Food SANDERSON, Reuben Lawrence J. Date and hour of death (Type of Food SANDERSON, Reuben Lawrence J. PLACE IN SANTIMORE, MARKLAND, WHERE PRONOUNCED DEAD RULL NAME OF JENOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION! INSTITUTION Veterans Administration Hospital J. SOCIAL STATE J. SOCIAL SCOUNTY J. SIRTHMORE ADDRESS J. SOCIAL STATE J. SOCIAL STATE J. SOCIAL STATE J. SOCIAL SCOUNTY J. SIRTHMORE ADDRESS J. SOCIAL SCOUNTY J. SIRTHMORE ADDRESS J. SOCIAL SCOUNTY J. SIRTHMORE J. SOCIAL SCOUNTY J. SIRTHMORE ADDRESS J
SANDERSON, Reuben Lawrence 1-4-71 6:55
FULL NAME OF ADDRESS OR LOCATION INSTITUTION, GIVE STREET INSTITUTION Veterans Administration Hospital 3900 Loch Raven Boulevard Baltimore, Maryland 21218 5. SEX BRACE FAMOUNT MIDDRESS OR LOCATION INSTITUTION, GIVE STREET ADDRESS OR CONDITION OF BUSINESS OR LOCATION INSTITUTION Veterans Administration Hospital Baltimore PEST NO D. INSIDE CITY LIMITS? Baltimore PEST
FULL NAME OF ADDRESS OR LOCATION INSTITUTION, GIVE STREET HOSTITAL OR INSTITUTION, GIVE STREET HOSTITAL OR ADDRESS OR LOCATION INSTITUTION Veterans Administration Hospital 3900 Loch Reven Boulevard Baltimore, Maryland 21218 5. SEX BRACE 7. MARRIED NEVER MARRIED NO S. ACE UNITH MORRIED NO S. ACE UNITH MORRIED NO S. ACE UNITH M
Solution Security Solution Security Solution Security Solution Security Solution Security Security Solution Security Solution Security Security Security Solution Security
Second S
3900 Loch Raven Boulevard Bal timore, Maryland 21218 5. SEX 6. RACE Male Caucasian Mole Caucasi
Baltimore, Maryland 21218 5.00 S. Oldham Street 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 1.2-20-96 Male Caucasian WIDOWED 1.2-20-96 12-20-96 12-20-96 12-20-96 12-20-96 12-20-96 12-20-96 12-20-96 Months: Doys Hours Months Doys Hours Mo
Male Caucasian WiDowed Notes Diversed 12-20-96 74 Months Doys Hours Notes December 12-20-96 74 Months Doys Hours Notes Doys Hours Notes December 12-20-96 74 Months Doys Hours Notes Doys Doys Hours Notes Doys Doys Doys Doys Doys Doys Doys Doy
Male Caucasian WIDOWED N DIVORCED 12-20-96 Total Months: Doys Hours No. 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Chauffer Vinton, Virginia U. S. A. 13. FATHER'S NAME Vingard Sanderson 14. MOTHER'S MAIDEN NAME Vingard Sanderson 15. Was Deceased Ever in U. S. Amed Forces? Service) Yes, no or unknown) (Utyes, give wor of doles of service) Yes 7-27-18 to 4-15-19 16. SOCIAL SECURITY NO. 227-16-16-64 Battimore, Maryland 21218 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenic, etc., if means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. (6) DUE TO, OR AS A CONSEQUENCE OF: UNDERLYING CONDITION last. (7) WYNOW: ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. (6) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: UNDERLYING CONDITION last.
10. USUAL OCCUPATION (Give kind of work look, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Chauffer Vinton, Virginia U. S. A. 12. CITIZEN OF WHAT COUNTY Vinton, Virginia U. S. A. 13. FATHER'S NAME Vingard Sanderson 14. MOTHER'S MAIDEN NAME Carol Sheaff 15. Wes Decessed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor of doless of service) Yes, no or unknown) (If yes, give wor of doless of service) 18. 19. 10. SOCIAL SECURITY NO. 227-16-16-64 Battimore, Maryland 21218 CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. (C) Hyperical Country (C) Hyperical Country Chauffer Vinton, Virginia 14. MOTHER'S MAIDEN NAME Carol Sheaff 17. INFORMANT VA Hospital ADDRESS APPROXIMATE INTER BETWEEN ONSET AND IT CAUSE (B) OUT ON AS A CONSEQUENCE OF: OUT ON AS
Chauffer Chauffer Vinton, Virginia U. S. A. Vinton, Virginia Vinton, Vinton, Virginia Vinton, Vinton, Virginia Vinton, Vinton, Virginia Vinton, Vinton, Vinton, Virginia Vinton, Vint
Vingard Sanderson S. Wes Decessed Eves in U. S. Armed Forces? Yes, no or unknown) (UI yes, give wor of doles of service) Yes 7-27-18 to 4-15-19 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart iciliure, osthenia, elc., il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last, (C) HYPEXXIV NOTES ADDRESS ADDRESS MAIDEN NAME Carol Sheaft 17. INFORMANT VA Hospital ADDRESS CAUSE OF DEATH CAUSE OF DEATH (A) MMEDIATE CAUSE (B) OUT OF AS A CONSEQUENCE OF: (C) HYPEXXIV NOTES
15. Wes Decessed Ever in U. S. Armed Forces? Yes, no of unknown) (If yes, give wor of dates of service) Yes 7-27-18 to 4-15-19 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, osthenia, elc, if means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last, (C) Hyperson of the county of service) 17. INFORMANT VA Hospital ADDRESS ADDRESS ADDRESS ADDRESS CAUSE OF DEATH (A) MMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: UNDERLYING CONDITION last, (C) Hyperson of the county of the count
Yes 7-27-18 to 4-15-19 227-16-64 Battimore, Maryland 21218 18. CAUSE OF DEATH CIhis does not mean the mode of dying, e.g., heart lailure, osthenia, elc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. (C) Hyper Maryland 21218 CAUSE OF DEATH CAUSE OF DEATH (A) MMEDIATE CAUSE (A) MEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) Hyper Maryland 21218 APPROXIMATE INTERSET WEEN ONSET AND IN CONSEQUENCE OF: OUT OF AS A CONSEQUENCE OF: UNIVERSAL OF THE PROXIMATE INTERSET WEEN ONSET AND IN CONSEQUENCE OF: OUT OF AS A CONSEQUENCE OF: OUT OF AS
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, osthenia, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. CAUSE OF DEATH (A) MMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: UNCLUSE OF DEATH APPROXIMATE INTERBUTIVE BETWEEN ONSET AND INCLUSION OF THE CAUSE BETWEEN ONSET AND INCLUSION OF THE CONSET AND INCLUSION OF THE CAUSE BETWEEN ONSET AND INCLUSION OF THE CAUSE BETWE
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Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) staling the UNDERLYING CONDITION last, (C) HYCKYY NEPATOSES UN KNOWN
injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. (C) Hyperxix Vapansks UNCOUNTY OF THE CONDITION Last.
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. (C) HARCANY (C) HARCANY (B) DUE TO, OR AS ALCONSEQUENCE OF: UN YNOWY
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. (C) HYPEXXX NEW YOR STEEL OF THE PROPERTY OF THE PR
UNDERLYING CONDITION last. (C) HYPAXX NEPAOSES UNKNOWN
F ITO THE DEATH BUT NOT DELATED TO THE TERMINAL
DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Yes Yes
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) or CONTRIBUTING CAUSE OF
DEATH (notify medical examine)
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work
22. I certify that (M(this hospital) attended the deceased from March 28, 19 71 to April 4, 19 7
that 10 (we) last sow the deceased alive an April 4, 1971 and that in (mg) (aur) opinion death accurred on the
ond haur and fram the couses stated obove. (We) (did) (314)(64) view the body after deoth.
23A. SIGNATURE 23B. DATE SIGNED
Attending Med. Stoff Fig.
122C BUYELDI AARE
C. T. CROMWELL. M.D.
DEGREE DEL CHILOTE, MATERIA ZIZIO 246. BURIAL CREMATION, 1248, DATE 124C. NAME OF CEMETERY OF CREMATORY 124D. LOCATION (City town or county) (Ste
REMOVAL (Specify)
Burial 4/07/71 Gettysburg National Cem. Gettysburg, Pennsylvania 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
APR 7 1971 Page E 3 Com MA William E. Johnson 8521 Loch Reven Blvd.

8521

Johnson

Raven Blvd.

Villiam E.

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FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	2 71	3393		TE OF DEATH	REG. NO.	71 3393
I. NAME OF DI Type or Print)	FRANK T. I	BIZULIS		2. DATE A	ND HOUR OF DEATH	10 A.M.
3. PLACE IN 8	ALTIMORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived, If institu	ution: residence before admission
FULL NAME O			UTION, GIVE STREET	Maryland	NIY	2101
INSTITUTION	Key Circle F	Hospice		Baltimore		ES NO
90	1214 Eutaw I Baltimore, I		1 21217	E. STREET AND NUMBER	amden Street	- head
M M	6. RACE	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2/27/94	9. AGE (In years	I Under 1 Yr. II Under 24 Hrs.
OA, USUAL OC	CUPATION (Give kind of world			11. BIRTHPLACE (State or fore		2. CITIZEN OF WHAT COUNTR
one during most o Unl	of working life, even if retired) KNOWN			Unknown		Unknown
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	ME	
	Unknown				Unknown	
5. Was Decoase les, no or unknow	ed Ever in U.S. Armed For vn) (If yes, give wor or dote	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Unknown			216-07-6107			
18.	19 K 10610		CAUSE OF DEATH			APPROXIMATE INTERVAL
nise la ti UNDERLYIN	OR CONDITIONS, il he above cause (A) (G CONDITION last. Il	NIRIBUTING		i Lung Dises A CONSEQUENCE OF: 5T.ve HEAT?	Failure	- 2
T DISEASE OR	CONDITION GIVEN IN PAR OF OPERATION 198 CON WAS PER	TI (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FINE IN CERTIFTING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF Medical examined	218, home etc.)	PLACE OF INJURY (e.g., in s, form, focfory, street, all	or obout 21 C. WHERE DID	(II In Boltimore Ci	ty, give exact location)
DEATH (natif	(Month) (Doy) (Year)		INJURY OCCURRED Not While At Work	21 F. HOW DID INJ	URY OCCUR?	
22. I certify	y that (X(this hospital) attended th	e deceased from	3/26/71	19 to 3/29	9/71 19
	y that (K(this hospital		- 1 1		10	
that (1) (we and hour or) lost saw the decease nd from the causes stat	d olive on	3/27/21			
that (1) (we	o) lost saw the decease and from the causes stat	d olive on	3/22/5) (We) (did) (did not) vi	ond the	at in (my) (our) opinion	a death occurred on the data.
that (1) (we and hour or	o) lost saw the decease and from the causes state	ed above. (1)	3/22/) (We) (did) (did not) vi	ond the	at in (my) (our) opinion	death occurred on the dat
that (1) (we ond hour or 23A. SIGNAT	o) lost saw the decease and from the causes stature URE ANS (Type) Michael Mis	d clive oned obove. (II)	(We) (did) (did not) vi	19 ond the ew the body ofter death. Iding Med. Director 3D. ADDRESS 1965 Green	at in (my) (our) opinion	a death occurred on the data.
that (1) (we ond hour or 23A. SIGNAT	o) lost saw the decease and from the causes stat URE AN'S Type) Michael Mis EMATION, 248. DATE (Specify)	shkin M.	3/2Z/)/ (We) (did) (did not) vi M. Droree Phys. D.	ond the way ofter death. Iding Med. Director B. ADDRESS 1965 1965 124D. LO	Staff 231 Staff COCATION (City, to	Balto pd 212
that (1) (we ond hour or 23A. SIGNAT 23C. PHYSICI NAME (N) lost saw the decease and from the causes state URE AN'S Type) Michael Mis EMATION, 24R DATE (Specify) 4/02/71	shkin M.	(We) (did) (did not) vi	ond the way ofter death. Iding Med. Director B. ADDRESS 1965 1965 124D. LO	Staff 231 Staff COCATION (City, to	Ballo pd 212 Own, or county) Gentle signed County of Charles
that (1) (we ond hour or 23A, SIGNAT 23C, PHYSICI, NAME (N lost saw the decease and from the causes state URE AN'S Type! Michael Mises Michael Mises Michael Mises Michael Mises Michael Mises Michael Mises Mises Michael Mises Michael Mises Michael Mises Mises Michael Mises Mise	shkin M.	(We) (did) (did not) vi Attention DEGREE D. DEGREE ME of CEMETERY of CRE/ en Haven Come-	ond the west the body ofter death. Med. Director 3D. ADDRESS 1965 9 center MATORY 24D. Lot Letry Anne 2SC. FUNERAL DIRECTOR	at in (my) (our) opinion	Ballo plane Sweet or county) Maryland ADDRESS

23 F 2 S

	H-602 71 3394 BALTIMORE CITY HEALTH DEPARTMENT
56656	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 13394
an ase th th	1. NAME OF DECEASED 1. Type of Print) 2. DATE AND HOUR OF DEATH
of deat Of deat Decease e on th	BESSIE HAIRSTON HILL TO AM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MAPULAGO BALTO, 1703
Se;	INSTITUTION D. INSIDE CITY LIMITES
d in ing cau atte	E. STREET AND NUMBER
outing ed o	MARYLAND GENERAL HOSPITAL 1028 PENNA. QUE
325500	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if Under 1 Tr., if Under 24 Hrs.
occu orrmi regu ase	WIDOWED V DIVORCED \(\(\frac{1}{3} \) \(\frac{1} \) \(\frac{1}{3} \) \(\frac{1}{3} \) \(
in dete	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHRUACE (Stote or foreign countly) 12. CITIZEN OF WHAT COUNTRY?
S iti	13. FATHER'S NAME 14. ANOTHER'S MADEN NAME
nt if dea direct or 1; (4) Und th was on the d	I MOTHER 3 MAIDEN NAME
ant dir	UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS OF
ista ista inal inal	(Les, no of unknown) (If yes, give war or dates of service) SECHRITY, NO.
obstantial desiration of final	LIB. CAUSE OF DEATH LOKETTH ORADNER ARGYE MY
is as any any and	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMPORTA or his assista Also, if the e of any kinc nounced dea attendance med or final	LEADING TO DEATH
0 7 5 5 6 5	This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
OR: niner. iner. pro pro pro pular	injury or camplication which caused death.)
CTC CTC Cam Cam Cam Cam Cam Cam Cam Cam Cam Ca	ANTECEDENT CAUSES (B) C/R/1405/5 L/VE/Z TEALS
E SXE E	DISEASES OR CONDITIONS, if ony, giving nise to the obove couse (A) stoting the
f medical ex medical ex y burns; (3) physician v ian was in e remains ar	UNDERLYING CONDITION lost. (c) Chronic J4 101101194 787125
edical respective verse	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ef medy by by by by by cian he re	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPST? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUN by ch 2) Bo re th phys	U 21A. ACCIDENT WAS UNDERLYING TO 121B PLACE OF INTURY (e.g. to or about 21C WHERE DID. 184 to 8 by Cr.
FUI by the clital by e; (2) B vhere the No phy	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	Q 21D-TIME (Month) (Day) (Year) (Hour) 21E INSURY OCCURRED 21E HOW DID INSURY OCCURRED
hosp hosp natu spt (6)	
broved be hospiny nature water to and (6) btained	22 Leastfulle (IV) (IV)
4 6 6 0	that (I) (we) last saw the deceased alive an
9-0 5	and haur and fram the couses stated abave. (1) (We) (did) (did not) view the bady after death.
nust be a leased to cident of hospital to death)	23K. SIGNATURE 23B. DATE SIGNED
3 0	Attending Med. Staff 4/4/0/
s re s ro	28C. PHTSICIAN'S NAME (Type) 23D. ADDRESS
iicate was r An a A. at c prior	DAVID Philip COREEN MARY WANG GEVERAL HASP
certificate sody was 7s: (1) An D.O.A. at assed prio	24A. BURIAL CREMATION, 24B. DATE 1 24C. NAME of CEMETERT of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
ws: Ws:	Busine 4/8/21 mt. calvary Brooklyn a. a. Co. Keb.
This certificate m the body was reli shows: (1) An acci was D.O.A. at a deceased prior to	APR 7 1071 Police & Robert M. D. 258, NAME OF REGISTRAR 255, FUNERAL DIRECTOR TOTAL DIRECTOR TOTAL CURION CURION
41707	V5 150-REV. 1/1/68

7000 A STATE AND A STATE OF The second of the contract of Carefleyer in the tree

H-652 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO
NAME OF DECEASED	2. DATE Known X Month Doy Yeor Hour
EMIL W. AHRENS	DEATH Estimoted APTIL 3, 19/1
A PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	PRONOUNCED DEAD April 3, 1971 Year Hour 25 PM 3:44 P. M.
Baltimore City Hospital (DOA)	A. STATE Maryland B. COUNTY B. J. J. J.
Male White WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. lost birthday) 4 Months, Doys, Hours Min.	e. STREET AND NUMBER 247 Baltimore Avenue
1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME JOHN PINKENO
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' one during most of working lile, even If retired)	ONOTATAINABLE
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 17. SOCIAL 17. SOCIAL 18. SECURITY NO.	IB. INFORMANT ADDRESS 2/22-7
Yes, no or unknown) (If yes, give war or dojes of service) SECURITY NO.	HONRY ANKENS: 2865 PLAINFIELD PO
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES	Multiple injuries
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	AS A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes
UNDERLYING AOR CONTRIB. home, form, foctory, street, office UTING CAUSE OF DEATH. STreet Street CAUSE CAUSE	in or obout 22C. WHERE DID (If In Boltimore City, give exact location) bldg., etc.) INJURY OCCUR? Intersection - Dundalk & Sun Ship Road,
actual SIGNATURE EXAMINER'S Charles S. Springate, M.D.	topsy and that on this basis, deoth in my opinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER APril 4, 1971
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) BURIAL 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	FAMH BALTO. Co, NAD - 25C. FUNERAL DIRECTOR ADDRESS
APR 7 1971 Research & Farber, M.D.	OLURICH FUNERALHOME, DUNGALK, NA.
J 101 101 17 17 17 17 17 17 17 17 17 17 17 17 17	4

Letter from M.E.'s office 6-17-71 M.H.

IMPORTANT

DIRECTOR:

FUNERAL



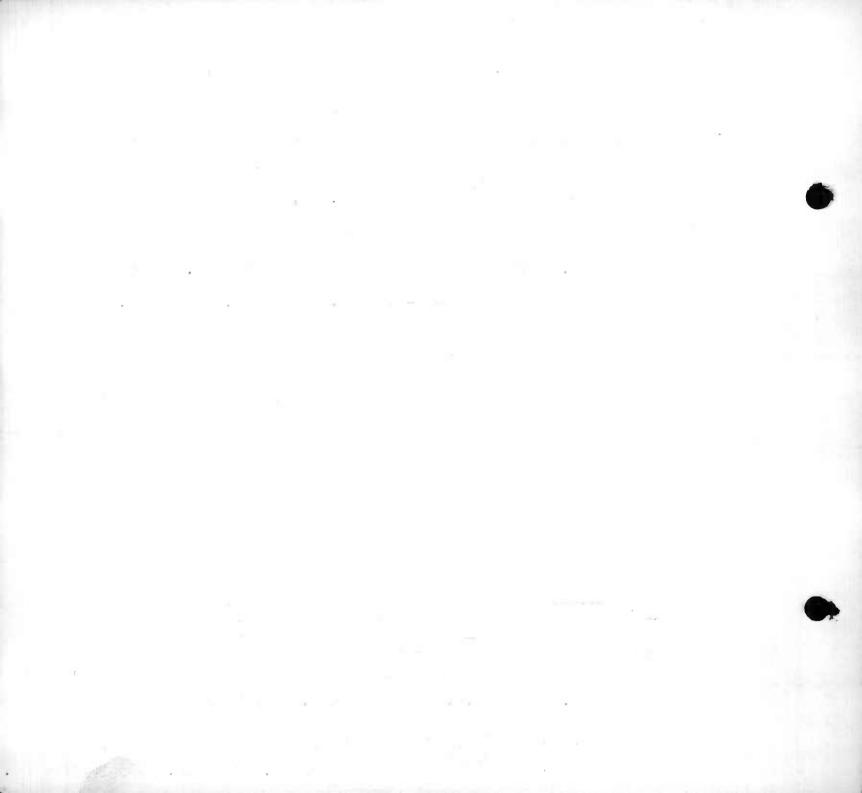
IMPORTAN **DIRECTOR:** FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS YES 📉 NO T If Under 1 Yr. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (Il In Boltimore City, give exoct location) and that In (194) (our) opinion death accurred on the date 23 B. DATE SIGNED (Gity, town, or county) (Stote)



BIRT	-55C)	71	3398	CERTIFICA	HEALTH DEPARTMENT		71	3398
	AME OF DEC						AND HOUR OF DEATH	Н	
2 8		Gerti	rude	A .	Lemmon	Ap	oril 4, 197	7 1	٨
FUL	L NAME OF	(IF NOT ADDRES	IN HOSPITAL OF S OR LOCATION	INSTITUTIO	ON, GIVE STREET	A. USUAL RESIDENCE TO A. STATE B. CO Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. IN	SIDE CITY LIMITS YES	633
				-		3341 Dudle			
	'emale	6. RACE Cauca	asian wid	OWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	Months Doys	If Under 24 Hrs. Hours Min.
done	Homema	ker	kind of work 10B, K on if retired)	IND OF BU	SINESS OR INDUSTRY	Maryland			USA
13. F/	ATHER'S NAN	A.E.				14. MOTHER'S MAIDEN	IAME		
			P. Ast	or		Augi	ısta H.	Bertama	n
15. W (Yes,	(as Deceased no of unknown) NO	Ever In U. S. (It yes, give	Armed Forces? war or dotes of so	ervice) 16.	SECURITY NO.302	17. INFORMANT 2 Mr. Willia	m F. Lemmo	on Sr.	Same
	(This does no heart failure, injury or comp	LEADING TO of mean the asthenio, etc.	mode of dying . It means the di ch caused death,	, e.g.,	DUE TO, OR AS	TE My orandeal	^	BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
i i	THER SIGNIFIC OF THE DEATH	CONDITION CANT CONDITION RULL NOT BE	TIONS CONTRIBU	g the	(C)	A CONSEQUENCE OF:	*******************************		
≪ ID	DISEASE OR CO	INDITION GIV	EN IN PART 1 (A). 198. CONDITION WAS PERFORME	FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	SIDERED 1?
CAL	TA. ACCIDENT OR CONTRIBUT DEATH (notify	T WAS UND ING CAU: medical exami	ERLYING se O F	21 B. PLA home, to elc.)	CE Of INJURY (e.g., ir rm, lactory, street, all	or obout 21 C. WHERE DID	(If In Boltimo	re City, give exoc	t location)
이불	1D.TIME OF INJURY APPROX.)	(Month) (Do	y) (Yeor) (Hou	While A	URY OCCURRED Not While At Work	21 F. HOW DID I	NJURY OCCUR?		
11	hot (1) (wo) 1	last saw the	hospital) atter deceased alty	e on	april 2		19 <u>36</u> ta thot !(my) (con) opl	Inion death acc	urred on the date
23	nd hour ond	from the co	Eka	esel		ew the bady after death	Shaff Phys.	23B. DATE SIGN	5, 1971
	NAME (Ty	Leon		el M.	2	3D. ADDRESS	d Spri n g I	lane	
24A. I	BURIAL CREM REMOVAL (Sp	ATION, 248.	DATE	24C. NAME	of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, or coun	ty) (State)
	Burial	4	/8/71		on Park C		Baltimore M	Maryland	
25A. I	APR 7	1971	Poblac & E.	Jaber	A .	Leonard J	Ruck Inc.		DRESS Jarford Ro



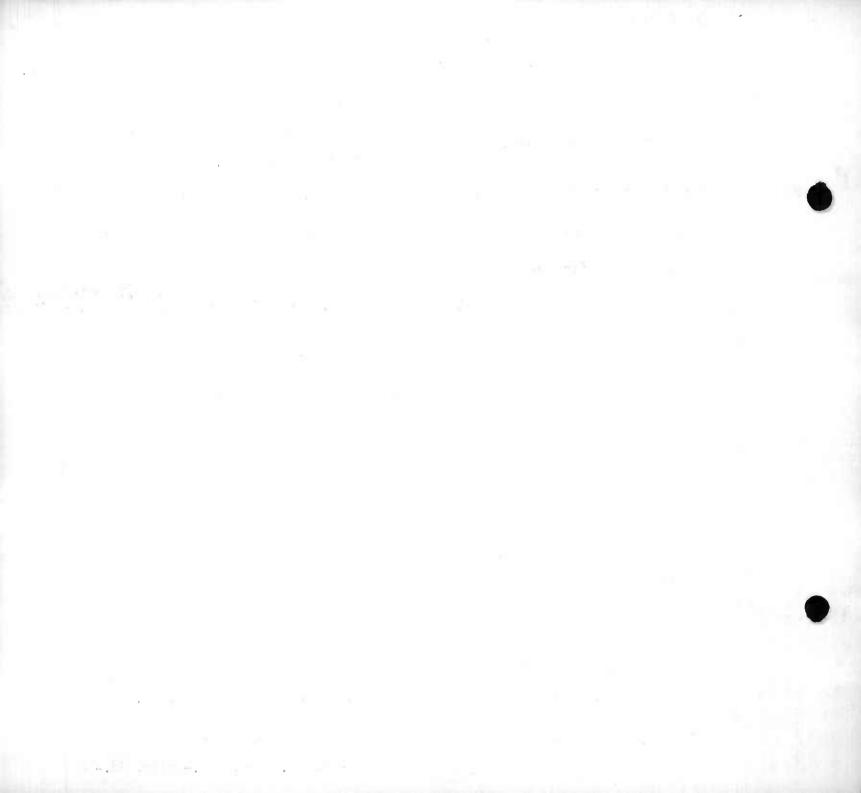
1-412 71 3399		HEALTH DEPARTMENT	REG. NO.	71 3399
BIRTH NO. 1. NAME OF DECEASED	CEKTIFICA	TE OF DEATH		
(Type or Printl	D1 : 2 2 :		HOUR OF DEATH	
Joseph C. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	Phillips UNCED DEAD	Apri.	deceased lived the	nstitution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI		A. STATE B. COUNT Maryland C. CITY OR TOWN	T	IDE CITY LIMITS?
44 Union Memorial Hos	spital	Baltimore E. STREET AND NUMBER		YES 🔼 NO 🗌
5. SEX 6. RACE 7		8. DATE OF BIRTH 19.		
Male Caucasian WIDOWED	NEVER MARRIED DIVORCED	Apr. 23, 190	AGE (In years birthday) 65	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country!	12. CITIZEN OF WHAT COUNT
Management V.P. I	rank Philli	ps New York		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	73 15 100
Frank E. Phillips		Katherin	e M. Minr	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	217-05-7730	Mrs. France	e C Phil	
118.	CAUSE OF DEATH		2 O. 111TT	APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****	******************************		
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	HICH OPERATION	NO NO	OB, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF home etc.)	PLACE OF INJURY (e.g., in b, form, foctory, street, alli		(If th Boltimor	e City, give exact location)
SIGLINIAL	INJURY OCCURRED Not While At Work	21F. HOW DID INJUR	Y OCCUR?	
22. I certify that (1) (this haspital) attended th	e deceased from	C >>>	9 1000	04 1971
that (1) (we) lost saw the deceased alive an	3/26	197/ and that	In(my) (pur) only	nion death occurred on the do
and hour and from the causes stoted obove. (1)	(We) (did) (did nat) vi			TO STORE OF THE GOL
23A. SIGNATURE				238, DATE SIGNED
July Hagse	DEGREE Phys.	ding XX Med. Sta	off .	
23 CDHYSICIAN'S NAME (Typet	23	D. ADDRESS		1
J. Henry Haas	DEGREE		ld Spring	g Lane
4A. BURIAL CREMATION, 24B. DATE 24C. NA. REMOVAL (Specify)	ME of CEMETERY OF CREA	ATORY 24D. LOC.	ATION (Cit	y, town, or county) (Statet
Burial 4/7/71 Par	kwood Cemet	ery Bal	timore Ma	aryland
APR 7 1271 Jacob E. Jacob		25C. FUNERAL DIRECTOR Leonard J. R		ADDRESS
		TICOTIGI G E A TIT	ULUIN IIII. a))(/) [allined R



VS 150-REV. 1/1/68



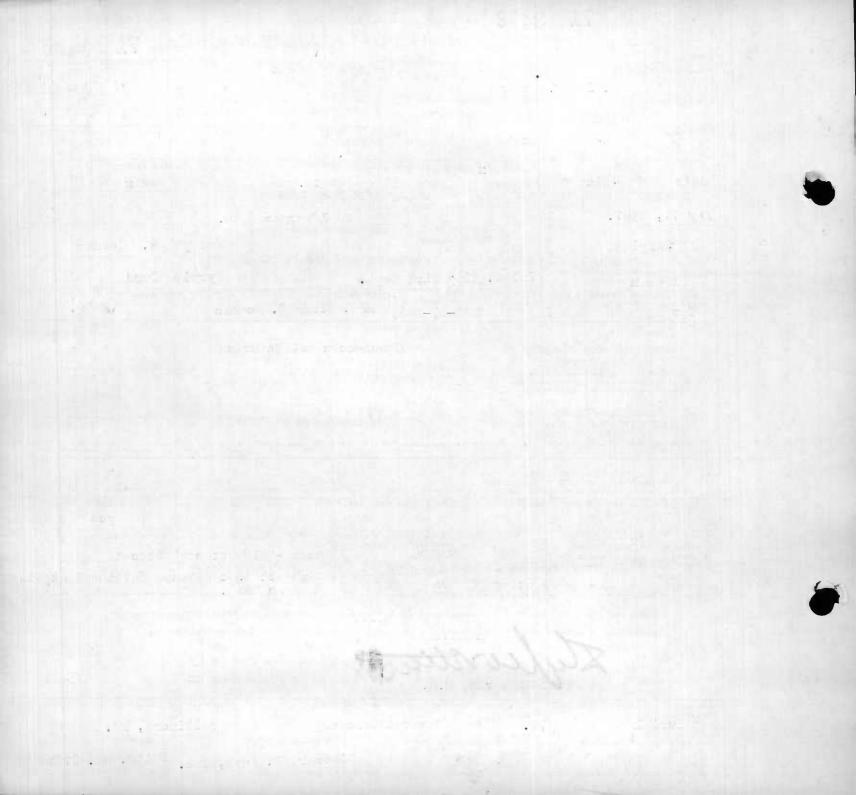
BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution; residence D. INSIDE CITY LIMITS? YES X NOF If Under 1 Yr. Manths! Doys If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? USA Greenspring Rt #1 Ave Owings Mills APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH selentu Heart Disesse 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimare City, give exact facation) and that in (my) (aur) apinian death occurred an the date 238, DATE SIGNED 7101 Harford Rd. Balto. Md. (City, tawn, or county) (Stotel 268, NAME OF REGISTRAR Leonard J. Ruck, Inc.-Balto, Md.-14 VS 150-REV. 1/1/68



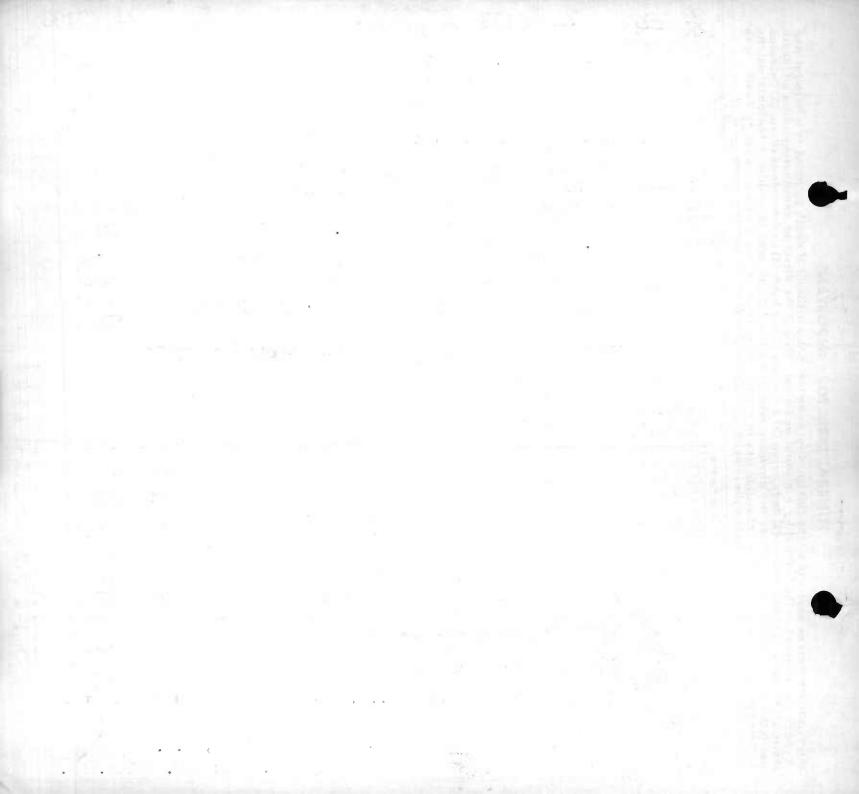
Leonard J. Ruck, Inc.



VS 1S1-REV. 1/1/68



1 531 71 24	BALTIMORE CITY	HEALTH DEPARTMENT	71 3403 4
BIRTH NO. 107-18454	03 CERTIFICA	TE OF DEATH A REG. NO.	0300
ITypo or Print) CYNTHIA	A. CANADY	2. DATE AND HOUR OF DEATH	3:35 PM .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residenca befora odmissian)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND Balto.	5300
33THE JOHNS HOPKIN	a lla antini	BALTIMORE	YES NO M
THE COHNS HOPKIN	SHOSPITAL	E. STREET AND NUMBER	<u> </u>
5. SEX 16. BACE 17. sage		8358 EDGEDALE RD	
FEMALE WHITE WIDO	RIED NEVER MARRIED WED DIVORCED	9-18-67 9-18-67 9-AGE Un yours lost birthday) 3	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign country)	12. CITIZEN OF WHAT COUNTRY
none		Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
HUGH CANADY		VELMA SCOTT	
15. Wee Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lift yes, give war or dotes of serv	icel SECURITY NO.	17. INFORMANT	ADDRESS
no	none	Hugh J. Canady same	
16. / / /	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0 - 11 13	BETWEEN ONSET AND DEATH
Chis does not mean the mode of dying,	(A)IMMEDIATE CAU	se ous bleed?	***************************************
heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	11.15	sal del 1111	1
DISEASES OR CONDITIONS, if any, gi	(B) CA I TEL	a interchilominal Wilm	8 lan
rise to the above cause (A) stating	the	A CONJEQUENCE OF:	
UNDERLYING CONDITION lest.	(c)		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF OPERATION TO THE TERMINATE OF OPERATION TO THE CONDITION IN WAS PERFORMED TO THE CONDITION IN WAS PERFORMED.		parament 2 to fumo	rmen
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED		IN CERTIFTING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B PLACE OF INJURY leag, in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID (II in Saltimatice bidg., INJURY OCCUR?	re City, give exect location)
OF INJURY (Manth) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURT OCCUR?	
(APPROX.)	While At Work Not While At Work	· 🗆	1. 10 M
22. I certify that (1) (this hospital) attend	ed the deceased from	3/3/ 19/1 to	15 19 17
that (1) (we) last saw the deceased allve	111	/ 01	nion death occurred on the date
and hour and from the causes stated above			The desired on the desired
23A. SIGNATURE			238, DATE SIGNED
Jennes of the fats	[Physical P	Med. Staff Director Phys.	4/5/21
23C. PHYSICIAN'S NAME (Type)	OFGREE	3D. ADDRESS	1-1-11
TERRY FLETC		.D. THE JOHNS HOPKIN	S HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (C	ty, town, or county! (State)
Burial 4/8/71	Edgecombe Mem	Dowle Man	
25A. DATE REC'D BY HEALTH DEPT. 258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
APR 7 1971 Vis Ber & Jan	See Time,	Leonard J. Ruck Inc.	Balto. MD.
VS 150-REV. 1/1/68			



BALTIMORE CITY HEALTH DEPARTMENT	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 74	2404
I. NAME OF DECEASED 2. DATE Known X Month Doy Year Month Year	0403
(Type or Print) EZRA BRISBON OF	Hnur
DEATH Estimoted April 3, 1971 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year	M. Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD April 3, 1971	12:27 P
OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. Il institution: residence bel	ore odmission)
Johns Hopkins Hospital (DOA) Maryland	543
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Male Negro WIDOWED □ DIVORCED □ Baltimore YES □ NO	>
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months; Doys; Hours; Min.	
2-14-27 44 1 1226 Edison Highway	
113. FATHER'S NAME	
Kershaw, S. C. WHAT COUNTRY? U. S. A. Ed Brisbon	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even Il retired)	The second
Industry Sallie Brisbon	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS	
250-32-1069 Louise Brisbon 1226 Edison Highway	
[19. LL 7 L. CAUSE OF DEATH APPRO	XIMATE INTERVAL
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease	
(This does not mean the mode of dying, e.g.,	
heart foilure, osthento, etc. It meons the disease, injury or complication which coused death.)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	
CC) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART I (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPS	Y? (Yes or No)
	es
\$ 122A. FXTERNAL CALISE WAS 122B PLACE OF INTURY OF THE PROPERTY OF THE PROPER	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	
2 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED 22F, HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT WHILE MORK AT WORK	
23.	
I certify that I held on Inquiry Inspection Autopsy K and that on this basis, death in my opinion	
resulted from: Natural causes X Accident Suicide Homicide Undetermined monner	
CHIEF MEDICAL EXAMINER	
ACTUAL () O O O O O O O O O O O O O O O O O O	ATE SIGNED
SIGNATURE.	
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER April 4, 19	71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
Burial 4-7-71 Mt. Auburn Cemetery Baltimore, Maryland	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
no manage () no la colla Manage ()	- C+
The state of the s	5 31.
VS 151-REV. 1/1/68	

and the Samuel Co.

	E-152 71 3405 CERTIFICATE OF DEATH REG. NO. 1 3405
1,	INAME OF DECEASED DENNIS EUBANKS 2. DATE AND HOUR OF DEATH Specific Deceased DENNIS EUBANKS 4/2/71 1 10:45
183	R. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission A, STATE B. COUNTY
F	FULL NAME OF
	90 Len Rober During Have Balto. YES NO NO E. STREET AND NUMBER
5,	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) Months: Doys Hours Mine
d	DA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) 12. CITIZEN OF WHAT COUNTR
1	3. FATHER'S NAME UN KNOWN U.S.A.
ľ	3. FATHER'S NAME Unknown Unknown
1.5 (Y	es, no or unknown) (III yes, give wor or doles of service) 10. SOCIAL SECURITY NO.
-	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 155-24-8256 LINCOIN VILLETING HOME 27N CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ARCINOMA OF LAKYNX
	(This does not meen the mode of dying, e.g., heart follower, asthenia, etc. it means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. (B)
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYIND 1 21B. PLACE OF INJURY (c.g., in or about 21C, where DID. 21A-ACCIDENT WAS UNDERLYIND 1 21B. PLACE OF INJURY (c.g., in or about 21C, where DID. 21A-ACCIDENT WAS UNDERLYIND 1 21B. PLACE OF INJURY (c.g., in or about 21C, where DID.
PTIEID	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
A	21A. ACCIDENT WAS UNDERLYIND 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Boltimore City, give exact location) DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Boltimore City, give exact location) DEATH (notify medical examines) 10C 1
AAEDI	21D. TIME (Month! (Day) (Yeer) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
	22. I certify that (1) (this hospital) attended the deceased from 9/17/59 19 ta 4/2/7/ 19 that (1) (we) last saw the deceased alive on 4/2/7/ 19 and that in(my) (our) apinian death occurred on the date
	and haur and fram the causes stated abave. (i) (We) (fild) (did nat) view the body after death. 23A. 51GNATURE Attending Med. Staff Phys. Director Phys. Director Phys.
	23C. PHYSICIAN'S NAME (Typel HOLLES DEUNALINE Rud 1801 (NECENTRE) Red PAIT, And
2	BEMOVAL (Specify) 24C. NAME of CEMATERY of CREMATORY 24D. COCAMON (City towns of county) (Stotel) WE SHOULD SHOW TO SHOW THE STORY OF CREMATORY 24D. COCAMON (City towns of county)
	APR 7 1971 Paber E. Faber RD. 150-REV. 1/1/68



	George NM		2. DATE AT	ND HOUR OF DEAT	тн
B. PLACE IN BALTIMORE, M.			14/5/	/ L	1 institution: residence before admission
	THE PARTY OF THE P	KONOGINGED DEAD	A. STATE & COUN	ITY	I institution; residence before admission
FULL NAME OF (IF NO HOSPITAL OR ADDRESS NOTITUTION	TIN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland Bal	timore	5300
NOTITUTION		tion Hospital	C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?
2. 3 3900 T. C	h Raven Bou	gerand	E. STREET AND NUMBER		YES NO IO
	e. Maryland			n. i i n	
SEX 6. RACE		RIED NEVER MARRIED	123 Sollers	Point Road	16 Hadas 1 % . 16 11 do 04 11
Male	WIDO	WEDIX DIVORCED	10/15/93	9. AGE (In years lost birthday)	Months Doys Hours Min.
A. USUAL OCCUPATION GI	e kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore	ign country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, e	ven is relined)			·	The state of the s
janitor FATHER'S NAME		unemployed	Sparrows Poin	t, Md.	USA
Ralph Howell				IVIE	
A	Annad Farrage	114 000111	Basha Staton		
. Was Deceased Ever in U. S es, no or unknown) (If yes, give	war ar doles of sen	SECURITY NO.	VA Hospital R	Records	ADDRESS
	/17- 2/9/		3900 Loch Ray		Balto. Md 21218
18. 2077		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CON LEADING	DITION DIRECTLY		P.		BETWEEN ONSE! AND DEA!
(This does not mean th	e mode al dvina.	(A) IMMEDIATE CAU	se / //cumoni	<i>م</i>	
heart failure, asthenia et	c. Il means the die	ease, DUE TO, OR AS A	A CONSEQUENCE OF:		
Initity of complication wi	uch courad double				1
injury or complication wi		101	tar.		
ANTECEDEN	IT CAUSES	100 Leal	temia		
DISEASES OR CONDIT	IT CAUSES IONS, il any, g	(B) Lew/	TEMIA A CONSEQUENCE OF:		
ANTECEDEN DISEASES OR CONDIT	IT CAUSES IONS, il any, g	(B) Lew/	Yemia A CONSEQUENCE OF:		
ANTECEDEN DISEASES OR CONDITION ise to the above of UNDERLYING CONDITION III	IT CAUSES TONS, il any, grouse (A) slotling ON last,	iving (B) Lea/ DUE TO, OR AS (C)	**************************************		
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VS 150 REV. 171/68



BIRTH NO200 71 3408		TE OF DEATH	X REG. NO	71 3408
1.NAME OF DECEASED			ND HOUR OF DEATH	
KUTH ANN 1	Dosid		-71	1 12:15 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	ero deceased lived, If it	nstitution: residence belora admissio
FULL NAME OF HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	- A	oward County	6300
	IOSP.		D. INS	IDE CITY LIMITS?
A DE		E. STREET AND NUMBER	3/19	YES NO 🔼
30			RHAM RO	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED			
CAU. WIDOWED		2-7-1912	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF		11. BIRTHPLA CE (State or fore	ica coustal	100
done during most at working tile, even it refired)			•	12. CITIZEN OF WHAT COUNTS
HOUSEWIFE		MARYLANT		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
CHARLES WALTER (18	ite)	Late Catherin	ne	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT		APPRESS
UNK.	SECURITY NO.	D 01 2 17	Elli	cott City, Md.210
18. 7 / 2 / 1	219-01-4475 CAUSE OF DEATH	Dr. Stanley H.	Dosn, 5006	
DISEASE OR CONDITION DIRECTLY	OROSE OF DEATH	acui	to.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
LEADING TO DEATH		0 0		4 PM april #
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE Kenal shi CONSEQUENCE OF:	rwatte	1230 Am april
heart failure, astherio, etc. It means the disease, injury ar complication which caused death.)	DOL 10, OK 75 7	CONSEGUENCE OF:		
ANTECEDENT CAUSES			D . 0	
DISEASES OR CONDITIONS, if any, giving	(8) Udwan	A CONSEQUENCE OF	Myelma	- 1967
rise to the above cause (A) stating the	DOE 10, OK AS	A CONSEQUENCE OF	9	
UNDERLYING CONDITION last.	(c)			
7 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19B. CONDITION FOR V WAS PERFORMED 21A. A CIDENT WAS UNDERLYING 1	VHICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
W 21A. A CCIDENT WAS UNDERLYING	Blace of house	No		
OR CONTRIBUTING CAUSE OF	e, form, foctory, street, off	or obout 21C. WHERE DID	(II In Soltimore	City, give exoct locotion)
The Indition Medical examined	-	***		
	INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
(APPROX) While	le At Not While			
22. I certify that (i) (this hospita) attended th		9-10	9 71_10_ Q	pril 5 1971
that (I)(we) lost saw the deceased alive on	april 4			
· · · · · · · · · · · · · · · · · · ·		ond the	in (my) (our) apln	nian death accurred on the dat
ond haur and from the causes stoted above. (1)	(Me) (did nat) vi	ew the bady after death.		
	M.D. Atten	dia -	C. II	23 B. DATE SIGNED
Ian D. Barlow	DEGREE Phys.		Staff Phys.	apr 5, 1971
23C. PHYSICIAN'S NAME (Type)	2:	D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify)	ME of CEMETERY OF CREA	AATORY 24D. LO	CATION (City	y, town, or county) (Stote)
	-1 T 0 .			•
Burial 4/8/71 Cre	St Lawn Cemete	Howa 25C. FUNERAL DIRECTOR	rd County,	Maryland
APR 7 1071 Robert & Farber	M.A.			v.,Balto.,Md.21228
VS 190-REV. 1/1/68		ייבטמגייי בטטטט	-Amondson A	v., Dallo, JEG. KIKK



0.0	BALTIMORE CITY	HEALTH DEPARTMENT	P14 - 100
BIRTH NO. 71 3409	CERTIFICA	IL OI PLAIII	71 3409
(Type or Print) ANNA CUNI	VINGHAM	2. DATE AND HOUR OF DEAT APRIL 5, 19	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE B. COUNTY	institutions residence before admission)
FULL NAME OF GF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND, AA CO.	NSIDE CITY LIMITS?
SOUTH BALTIMORE	GENERAL HOSPIA	GLEN BURNIE	YES NO V
43	COUNTRY WOSFIFE	TE STREET AND NUMBER IN IA AL	JE. N.W
	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12-17-93 9. AGE (In yours lost birthdoy)	If Under 1 Yt, 1f Under 24 Hrs. Months Days Hours Min.
IGA USUAL OCCUPATION (Give kind of work 10%, Kildone during most of working life, even if refind) HOUSEWIFE.	nd of Business or Industry Own Home	NEW YORK	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME DAVID HINES	ŝ	I SA BELLE M	cLaughlin
15. Was Decessed Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of se	ricel 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	215-03-8376-B	Bernard P. Cunningham,	son, same as 4
18.	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		11 00-	
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE HEPATO-RENAL FAI	ILURE
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	sease,	A CONSEQUENCE OF:	
Injury or complication which caused death.	1 DEAT	NECS CIRRHOSIS	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, If any,	Search	A CONSEQUENCE OF:	
rise to the above cause (A) Stating UNDERLYING CONDITION last.	(c)		
10	(0)		
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 [A].	IINAL		
19A. DATE OF OPERATION 119A. CONDITION WAS PERCORME	FOR WHICH OPERATION	20A AUTOPST? (Yes or No.) 20B, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined	21& PLACE OF INJURY (e.g., home, form, factory, street, of etc.)	n or obout 21C. WHERE DID (If In Ballin	more City, give exect location)
21D-TIME (Month) (Day) (Year) (House OP INJURY	21 & INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
E (APPROXI	While At At Work	•	
22. I certify that (I) (this hospital) atte			DRIL 5 1971
that (i) (we) last sow the deceased aliv			opinion death occurred on the date
and hour and from the couses stated ob-	ove. (1) (We) (did) (did not) v	view the body after death.	238, DATE SIGNED
0 - 1 - 2	Atte	anding Med. Stoff	
Dyrick mis	DEGREE Phy	s. Li Director Li Phys. Li	APRIL 5, 1971
PIO G. VALLE	JR. M.Decree	230. ADDRESS SOUTH BAUTIMORE G	ENERAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, at county) (State)
Burial 8 Apr.71	Glen Haven Memo	rial Park Gle n Burnie	AA Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR		
APR 7 1971 (28.68	C. Jaben M.D.	Kirkley Funeral Home	, Glen Burnie, Md.
VS 150-REV. 1/1/68	,		

e + 3 c e cree c

TIFICATE OF DEATH REG. No. 71 3410
2. PATE AND HOUR OF DEATH 930 A
4. USUAL RESIDENCE (Where daceased lived, If institution: residence before admis A, STATE B, COUNTY
Maryland 2.00
C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore YES ▼ES NO □
E. STREET AND NUMBER
2623 Lehmon Street
RRIED 3. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Months; Days Hours Mi
ORCED 6/1/24 46
INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Rations Md USA
14 MOTHER'S MAIDEN NAME
Minnie Hardy
OF DISCOMMENT
NO. 17. INFORMANT
8-5193 John Foller 2615 Lehman St.
OF DEATH APPROXIMATE INTERV
AEDIATE CAUSE UREMIA >/yr
ETO, OR AS A CONSEQUENCE OF:
7-111 5-11
RENAL FAIL URE
E TO, OR AS A CONSEQUENCE OF:
THE REAL PROPERTY OF THE PROPE
lo SEPSIS
0 00,7075
TION 20A AUTOPSYS (Fee of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHS
Yes IN CERTIFIENG CAUSES OF DEATHY NO
Mary Company C
UNRY (e.g., in or about 21 C. WHERE DID (If In Boltimore City, give exact location)
UURY (e.g., in or about 21 C. WHERE DID y, street office bidg. INJURY OCCUR? (if In Boltimore City, give exact lacation)
CURRED 21F. HOW DID INJURY OCCUR?
URRED 21.F. HOW DID INJURY OCCUR?
Not While At Wark
CURRED Not While At Wark from 19 19 19 19 19 19 19 1
Not While At Wark
SURRED Not While At Wark from 45 19 1/ ta 4 (e 19 / from 19 1/ and that In(asy) (our) apinion death accurred an the (did not) view the body after death.
SURRED Not While At Wark from 45 19 / ta 4 (0 19 / ta 19 / t
SURRED Not While At Wark from 45 19 / ta 4 (2 19 / ta 4
Surred Not While At Wark from 45 19 / ta 4 19 / from 1
SURRED Not While At Wark from 45 19 / ta 4 19 / fa 1
Not While 215. How DID INJURY OCCUR? Not While 19
Phys. Director Phys. 23B. DATE SIGNED Attending Med. Director Phys. 23B. DATE SIGNED 23D. ADDRESS M. D. The Johns Hopkins Hospital DEGREE TORK OF CREMATORY 24D. LOCATION (City, town, or county) (Sta
Perk Cemetery Wilkins Ave. Betimere M
SURRED Not While At Wark from 45 19 / ta 4 (2 19 / 4 (

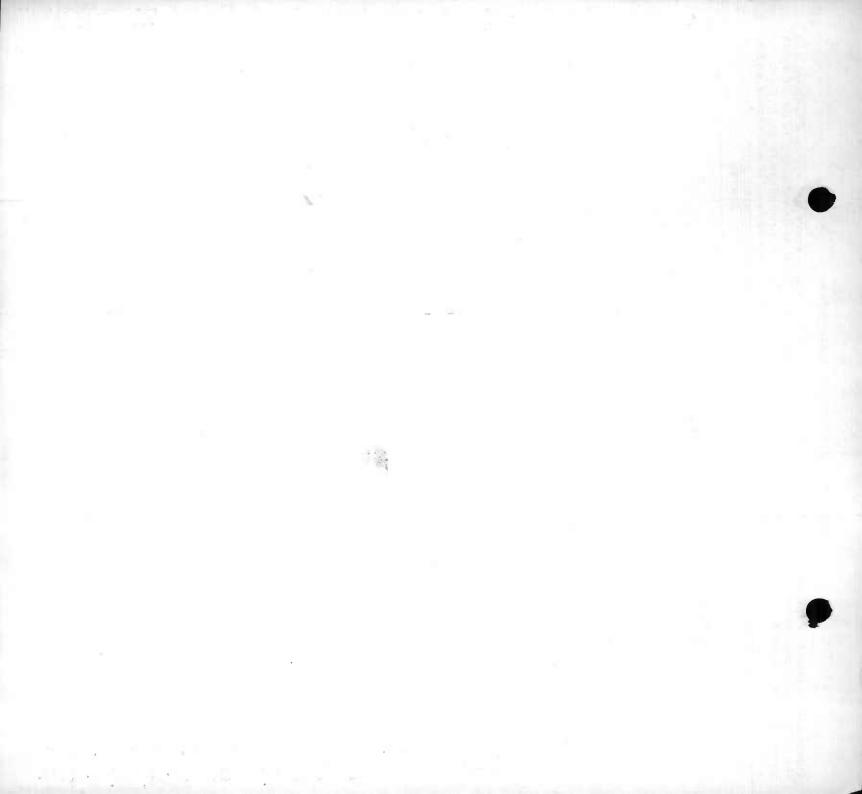


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



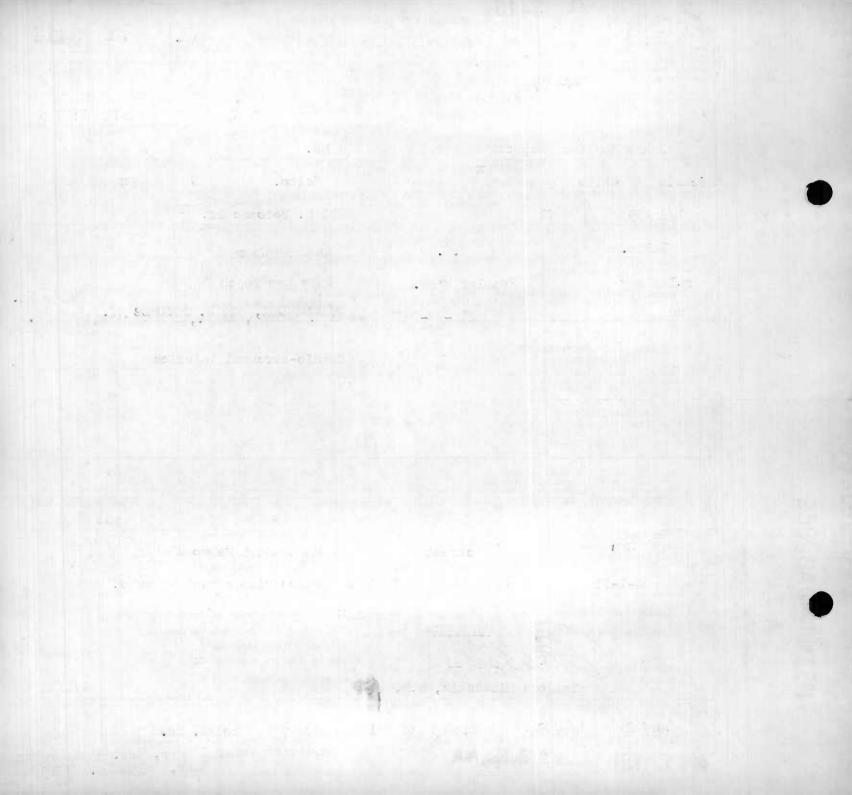
IMPORTANT

FUNERAL DIRECTOR:

H-350 BIRTH NO.	0 71	3412		TE OF DEATH	X REG. NO	71 (3412
1. NAME OF DEC		FN RENI	AMIN STEP		ND HOUR OF DEATH	71	1 004
3. PLACE IN BAL	TIMORE MARYLAND,	WHERE PRONOUNC	ED DEAD	HEN MAR		/	1:30A. M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTIO	N, GIVE STREET	A. STATE B. COUR MARYLAND C. CITY OR TOWN PIKES VILLE E. STREET AND NUMBER 229 SUD BROO	BANTIO. CO	21208 IDE CITY LIMITS	5300
5. SEX	6. RACE	17					
MALE	WHITE	WIDOWED X	DIVORCED	09 05 02	9. AGE (In years last birthday)	Months Days	Hours Min.
IOA. USUAL OCCU	UPATION (Give kind of wor			11. BIRTHPLACE (State or fore	68	12. CITIZEN C	DE WHAT COUNTRY?
dune during most of	working life, even if relifed)		& BRASS				•
CHEMI 13. FATHER'S NAM		COLLEK	G DRASS	MARYLAND	145	U.S.A	•
	N STEPHEN	HAVDEN					
	Ever in U. S. Armed Fo		*06141	KATHER INE (KI	NG)		
(Yes, no at unknown)	III yes, give war ar date	es of service)	SOCIAL SECURITY NO.	17. INFORMANT WILK	ENS AVES.	BALTO.	, MD. 21229
118.	NONE		15100268	ST.AGNES HOS	PITAL REC	ORDS-CA	TON &
DISEASES On ise to the UNDERLYING OTHER SIGNIFICATION TO THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DISEASE OR CC	of mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause IA) CONDITION last. II CANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION OF ART CONDITI	any, giving slating the	(B) Harte (B) DUE TO, OR AS	SE A CONSEQUENCE OF: A CONSEQUENCE OF:	r chun (orona (y Arkeny
19A DATE OF	OPERATION 198 CON WAS PER	FORMED	H OPERATION	YES	IN CERTIFYING CA	FINDINGS CON	SIDERED 1?
OR CONTRIBUTE	T WAS UNDERLYING TING CAUSE OF medical examiner	218. PLAC	CE OF INJURY (e.g., in	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If to Boltimor	e City, give exac	it locotian)
21D.TIME OF INJURY (APPROX)	(Month) (Doy) (Yearl	(Hour 21E, INJU While At Wark	JRY OCCURRED Nat While At Work	21F. HOW DID INJ	URY OCCUR?		-
22. I certify t	that XI) (this haspital) attended the de	ceased fram	MARCH 27	19 71 to MAR	CH 31	1971_
that (1) (we)	last saw the decease	d alive an MA	ARCH 31	19 <u>71</u> and th	,		curred on the date
and hour and	from the causes stat	ed above. XI) (We	o) (dld) (d)(β)/(φή) vi	ew the bady after death.	•		
23A. SIGNATUR	The Sh	reh	After	ding Med.	Shaff Phys.	23B, DATE SIGN	
23C. PHYSICIAN NAME HY	P QUR	ESHI		3D. ADDRESS ST. AC	NES HOSPI	03/31/ TAL BALTO.,N	
24A- BURIAL CREN REMOVAL (S)	ATION, 248 DATE	(240, NAME	OF CREE	MATORY /2 24D. LO	CATION (Cit	y. lawn, or coun	
Surial 25A. DATE RECO APR 7	NOUS 21	97) h rung 2580 Marie On Mer	Stilge !		Newell-	own 1	PA-PIKSV.
/S 150-REV, 1/1/6	8			JANA K.H.	Newell-	INC.	

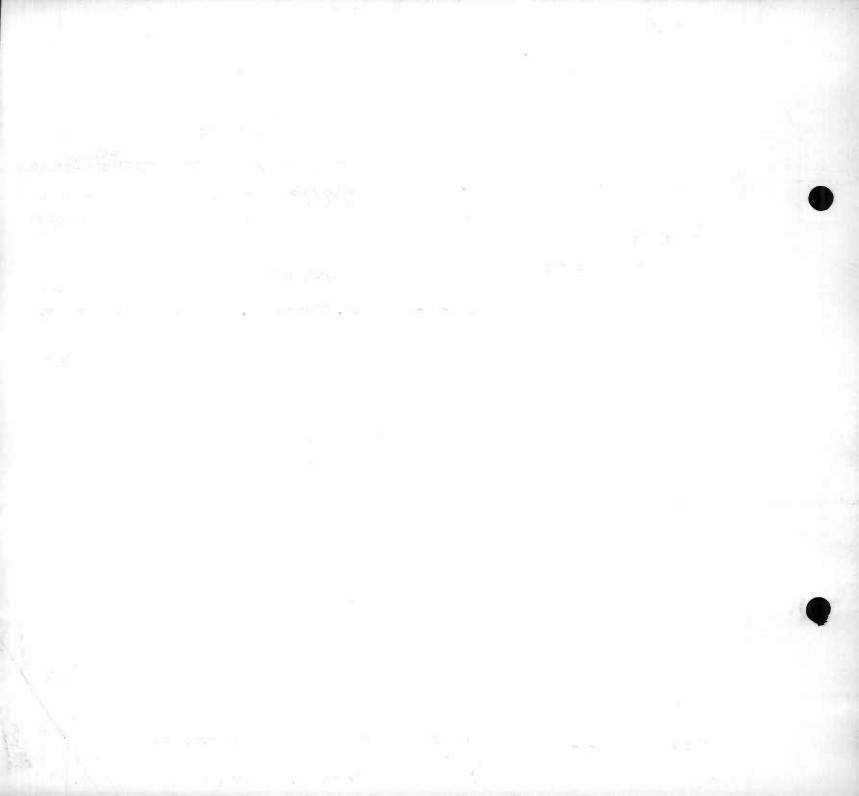
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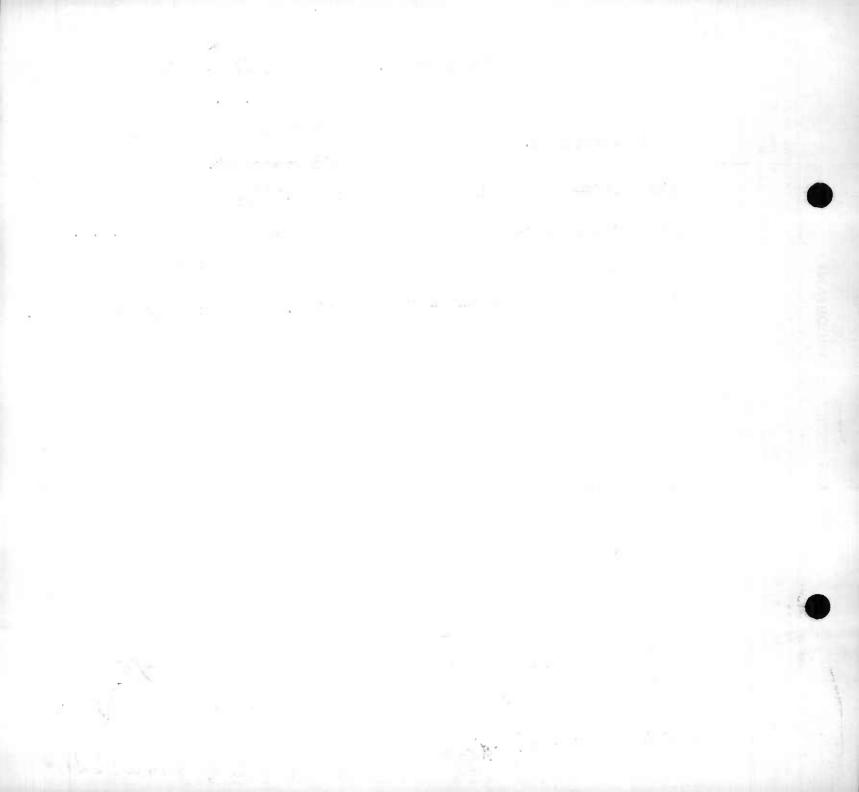
T CHTO BYLLINODE CIT.	V LICALTLI DEDA DILICALI
C-200 MEDICAL EXAMINER	S CERTIFICATE OF DEATH REG. NO. 71 3413
BIRTH NO. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) MARY COX	OF STATE
DIACE IN PAITIMONE MARVIAND WHERE PROMOUNICED DEAD	DEATH Estimoled M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	PRONOUNCED DEAD / J.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4 1 1971 7:20 p M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before odmission) A. STATE B. COUNTY
3 3 Johns Hopkins Hospital	A. STATE Md. B. COUNTY 70
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female white WIDOWED DIVORCE	Polto C
P. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24	TES NO
flost hirthdoy) Months, Doys, Hours	Min.
1/24/99 12	622 N. Potomac St.
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Balto. U.S.	Anthony Jagr
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDI	USTRY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) saleslady Hutzler Brose	Mary Handreich
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS BOT to Md
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO	AT DEDT GOY COO M DOMONTAG OF
10 218-09-36	
19. CAUSE OF	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	NATE CAUSE Cranio-cerebral injuries
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	O, OR AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANYTOTRANT CAUSES	
ANTECEDENT CAUSES DISFASES OR CONDITIONS IF ANY GIVING DUE TO), OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
Z UNDERLYING CONDITION LAST. (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED 21. AUTOPSY? (Yes or No)
Ū O	yes
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY	(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
O INDEDIVING TO CONTRIB. home, lorm, loctory, street	i, office bldg, etc.) INJURY OCCUR? Monument & Kenwood
UTING CAUSE OF DEATH. > 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCUR	22F HOW DID INTURY OCCURS
OF INJURY	
(APPROX.) 4-1-/1 4 P m. WORK	AT WORK Pedestrian struck by auto.
23.	
I certify that I held on Inquiry Inspection	Autopsy Autopsy ond that on this bosis, death in my opinion
resulted from: Notural courses Accident XX S	vicide Homicide Undetermined monner
(B-11	CHIEF MEDICAL EXAMINER
ACTUAL THE WHOLE SELL	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE EXAMINER'S	_M.D. ASSOCIATE MEDICAL EXAMINER
NAME (Type) Isidore Mihalakis, M.D.). ASSOCIATE MEDICAL EXAMINARY 4/2/71
(-//	TERY or CREMATORY 24D. LOCATION (City, town, or county) (Siote)
REMOVAL (Specily)	
	Faith Cemetery Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
APR 7 1971 Palent E. Janbey MA	Schimunek Funeral Home, Inc. 3331 Brehms
MPN 6 November 1	Lane, Balto Md. 21213
/5 131-REV. (/1/68 /1 / × "	4

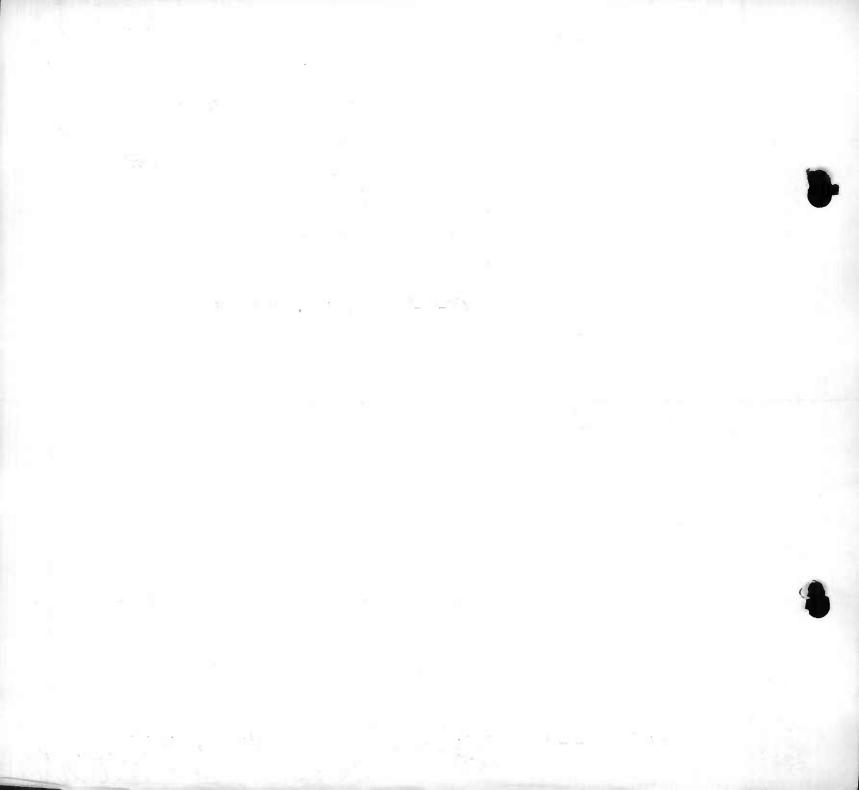


P-460 71	3414	TE OF DEATH REG. NO	71 3414				
1. NAME OF DECEASED (Type or Print) D111ED	WILHELMINA	2. DATE AND HOUR OF DEATH	10.10 B				
3. PLACE IN BALTIMORE, MARYLAND, WI		APRIL 2, 1971 4. USUAL RESIDENCE (Where deceosed lived, If in: B. COUNTY	10:10 P.N				
INSTITUTION ADDRESS OF TOCA		MARYLAND BALTIMORE C. CITY OR TOWN BALTIMORE	DE CITY LIMITS? YES NO X				
4 OST AGNES HOSPI	IAL	E. STREET AND NUMBER 4429 ALAN DRIVE 212					
FEMALE WHITE	WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) HOUSEWIFE	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlote or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAME ZACHARY HUMPHRI		14. MOTHER'S MAIDEN NAME ELIZABETH PEREGORY					
15. Wes Deceased Ever in U. S. Armed Forc. (Yes, no or unknown! Ilf yes, give wor or doles NO	of servicei 16. SOCIAL SECURITY NO. 213505016	17. INFORMANT CATON AVENUE, B ST AGNES HOSPITAL RÉCO	RDS-WILKENS AND				
DISEASE OF CONDITION DIRE	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
(This does not mean the made of heart latiture, ostheria, etc. It means to injury or camplicolian which caused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or insection the above couse (A) to UNDERLYING CONDITION last.	he disease, leath.) (B) A V (Cr) Try, giving DUE TO, OR AS	SE Philmonary Sunfolia A CONSEQUENCE OF: OSCILLO DE Cardio vas en A CONSEQUENCE OF:	lar Dische				
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 194 DATE OF OPERATION 198 COND	TERMINAL	20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FI	NDINGS CONSIDERED				
WAS PERFO	RMED	IN CERTIFIINO CAU	SES OP DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (nolify medical examined	21& PLACE OF INJURY (e.g., in home, ferm, foctory, street, off etc.)	or obout 21 C. WHERE DID (If In Boltimare NJURY OCCUR?	City, give exoct locotian)				
21D-TIME IManihi IDoyl (Year) OF INJURY (APPROX.)	Hour) 21E INJURY OCCURRED While AI Not While At Work	21F. HOW DID INJURY OCCUR?					
22. I certify that (1) (this hospital) that (1) (we) lost saw the deceased	olive on APRIL 2	1971ond that in(my) (our) opini	ion death occurred on the date				
ond hour ond from the couses state 23A. SIGNATURE	and hour and from the causes stated above. (A) (We) (did) (did not) view the body after death.						
anata a. Van 23C. PHYSICIAN'S NAME ITYPE!	gas DEGREE Phys.	ding Med. Staff Director Phys. 3D. ADDRESS					
DONATO A. VAR. 24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify	24C. NAME OF CEMETERY OF CREE	MATORY 24D LOCATION (City,	, town, or county) ISlate				
Buria1 4-6-1971		Baltimore, Mary					
PR 7" HINT THE BEEN BEEN BEEN BEEN BEEN BEEN BEEN BE	SE AME OF SEATRAR	Howard H. Hubbard, 4107	ADDRESS				
\$ 150-REV. 1/1/68		1.10 m = 20 11, 11(100 = 10, 710)					

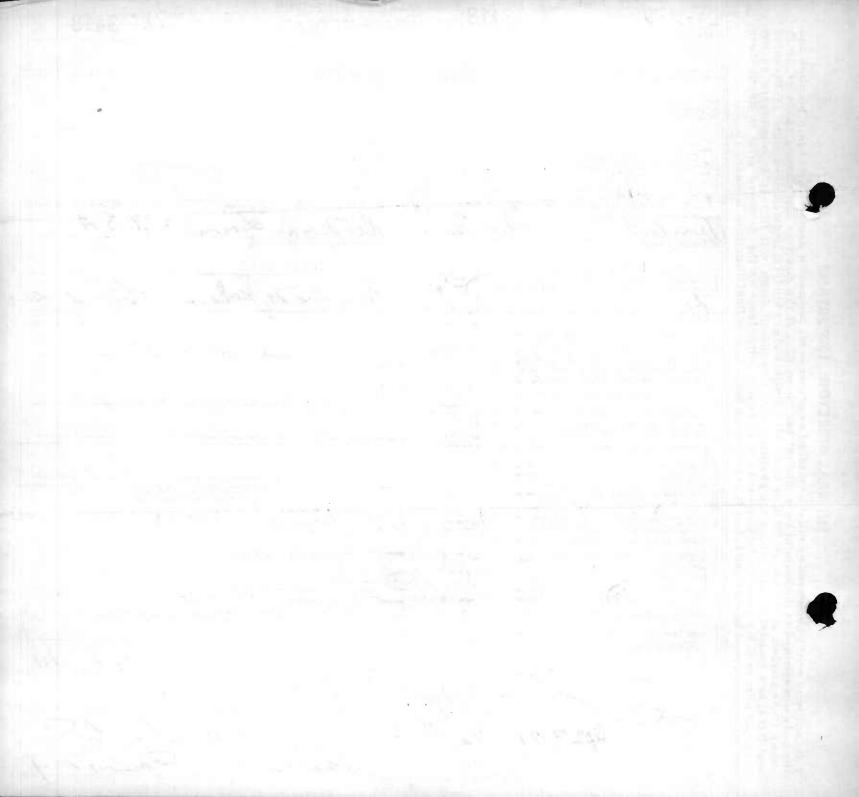
	sed the corp.	BIRTH NO. 71 3415 CERTIFICATE OF DEATH REG. NO. 71 3415
	S S S S	1. NAME OF DECEASED (Type or Print) Minnie Foltz 2. Date and Hour of Death 955
	9 6	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission as STATE B. CQUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI G. CITY OR TOWN ID. INSIDE CITY LIMITES
	ng cau cause; attend	Maryland General Hosfital E. STREET AND NUMBER D. INSIDE CITY LIMITS? YES NO E
	0 + D L d o	/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	trib min gol	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 1/18/98 9. AGE (In yours lift Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
		10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	dear t or Unde as in e de	Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
= 3	nt it death direct or c ; (4) Undet th was in n the dec disposition	Ascomb Wheatley
A .	ind eate	(Yos, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21227
2 Ž	if thany k	No 578-01-1977D Mrs. Florence H. Fischer, 4418 Maple Ave.
E :	e e e e	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Carola June Shock - Pulu-Edura 34 L
	r. Als	hearl failure, asthenia, etc. It means the disease.
<u>5</u> ·	fract o pr gula	ANTECEDENT CAUSES My searchial Turburch.
) L	3) A (S) A n wh	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the
5	5 - 5 - 5	UNDERLYING CONDITION last. (c) ASCVI)
KAL	medica y burns; physici ian was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 194. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 204. AUTOPSY? (Yes or No) 105. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Bod the ysic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	ital by e; (2) B rhere ti No phy before	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bidg. INJURY OCCUR?
7	pt v (6)	21D.TIME (Month) (Doy) (Yeos) (Hous) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) While At Not While
	the tany n (exce	Work At Work
	수유무준희	that (1) (we) last saw the deceased alive an
3	spit spit lear	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
	0.00	Attending Med. Staff W/2/2/
	y was reli (1) An acc).A. at a b d prior to approval	23C. PHYSICIAN'S NAME (Type) FEZIPA 23D. ADDRESS
7.1	Ç O o d	24A. BURIAL CREMATION, REMOVAL (Specifyl 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or countyl (Stote)
	the body shows: (1) was D.O.A deceased written ap	Rurial 4-6-1971 Loudon Park Cametery Baltimore, Maryland 25A. DATE RECT BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
-	the show	APR 7 1971 Tobe & Balley Tells Howard H. Hubbard, 4107 Wilkens Ave. 21229
		T# 150"RET6 1/ 1/ UB







	1-251	1 7	1 343		HEALTH DEPARTMENT	V	m/d 0.110		
BIR	TH NO.		- U4-	CERTIFICA	TE OF DEATH	REG. NO	71 3418		
1, 1	AME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH			
Пу	pe or Print)	John Edl	vard J	ackson.	Ap	ril 3,1971	1 11:30 AM M.		
3.	PLACE IN BAL	TIMORE MARYLAND, W	W WILL LY	1,00	A. STATE B. COU	ere deceased lived, If i	institution: residence before admission)		
ELI	II NAME OF	TIGORAL MI TOM BIL	AL OR INSTITU	TION CIVE STREET			200		
HC	LL NAME OF	ADDRESS OR LOCA	ATION)	HON, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?		
1	2				OXFORD		YES NO A		
C					E. STREET AND NUMBER				
	JOHNS	HOPKINS HO	SPKAL		OTWELL FARM	S			
5.	EX	6. RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE Iln veors	Months Days Hours Min.		
	M	CHUCASIAN	WIDOWED	DIVORCED	10/25/98	lost birthdoyl	Months Days Hours Min.		
			108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlate or for	eign country)	12. CITIZEN OF WHAT COUNTRY?		
don	resede	working life, even if retired)	1)000	7	12.	2	7.5.A		
13	FATHER'S NA	ME	rog	July X	14 MOTHER'S MAIDEN NA	ME	7., 0.,7		
					THE MONTER & MONDER HA	W16			
		IAM JACKSON			MINNIE L	ONG			
(Ye	Was Deceased Line of unknown	Ever in U. S. Armed For	s of service)	SECURITY NO.	17. INFORMANT	1-0	ADDRESS		
	No	-		193-09-8337	Als sue M,	Jacon	Gift sid		
	18.	691		CAUSE OF DEAT	H	<u> </u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEA	SE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH		
		LEADING TO DEATH		(A) IMMEDIATE CAL	JSE (CARDIAC ARE	REST		
	heart failure,	not mean the mode of asthenia, etc. It means	the disease.		A CONSEQUENCE OF:				
	injury or com	nplication which caused	deathJ						
	ANTECEDENT CAUSES PNEUMONIA & SHOCK I DAY								
		OR CONDITIONS, IF		DUE TO, OR AS	A CONSEQUENCE OF:				
	underlying condition lest. (c) MONOCYTIC LEUKEMIA 4 MONTHS								
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
AH	TO THE DEAT	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL						
CERTIFICATION		OPERATION 19% CON	DITION FOR W	HICH OPERATION	20A AUTOPSYT (Yes or N	o) 208, IF YES, WERE	FINDINGS CONSIDERED		
E THE	21	WAS PERI			YES	NO NO	AGSES OF DEATH!		
Ü	21A. ACCIDE	NT WAS UNDERLYING L	218,	PLACE OF INJURY (e.g.,	n et about 21 C. WHERE DID	(It In Boltimo	ore City, give exact location)		
¥	DEATH (notify	medical examined	etc)	suming raciony, since o	into cioggillocki occolu				
MEDICAL	21D. TIME	(Month) (Doy) (Year)	(Hous 21 E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR!			
ξ	OF INJURY		Whit	Not While					
	20.1		Worl			55 B4 / 5	7		
	22. I certify that (1) (this hospital) attended the deceased from 2-25 1971 ta 4-3 1971								
	that (1) (we) last saw the deceased alive on KPRIL 3 / 19 7/ and that in (my) (aur) apinion death accurred an the date								
			ed above. (1)	(We) (did) (did not)	lew the body after death.		a modificance		
	23A, SIGNATURE 23B, DATE SIGNED								
	R Slove M.D. DEGREE Phys Med. Stoff Phys Director Phys Director Phys Director Dir								
	23C. PHYSICIA NAME IT	N'S		, - DEGNEE	23D. ADDRESS				
	117,1415		SHORE	M.D. Segree	and the	whine Ver	40		
24/	BURIAL CRE			ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	City, town, or county! (Stole)		
		C			V		orly, towic of coolings		
	REMOVAEH	DAL 3	KDA CK	to Xlash	17	Varl	Silv, town, or coolings		
25		40710 3	1971 Sa	Cantell	1250 6000	Varken	La 08		
25. A	A. DATE REC'D	40710 3	1971 Sa 258. NAME O	Contelf FREGISTRAR	25C NETAD DIRECTO		ADDRESS		
Å		W HEALTH DEPT.	1971 De 258 NAME O Jasban	CANTELY FREGISTRAR	25C TUNELAD DIRECTO		La 08		





IMPORTANI

DIRECTOR:

FUNERAL

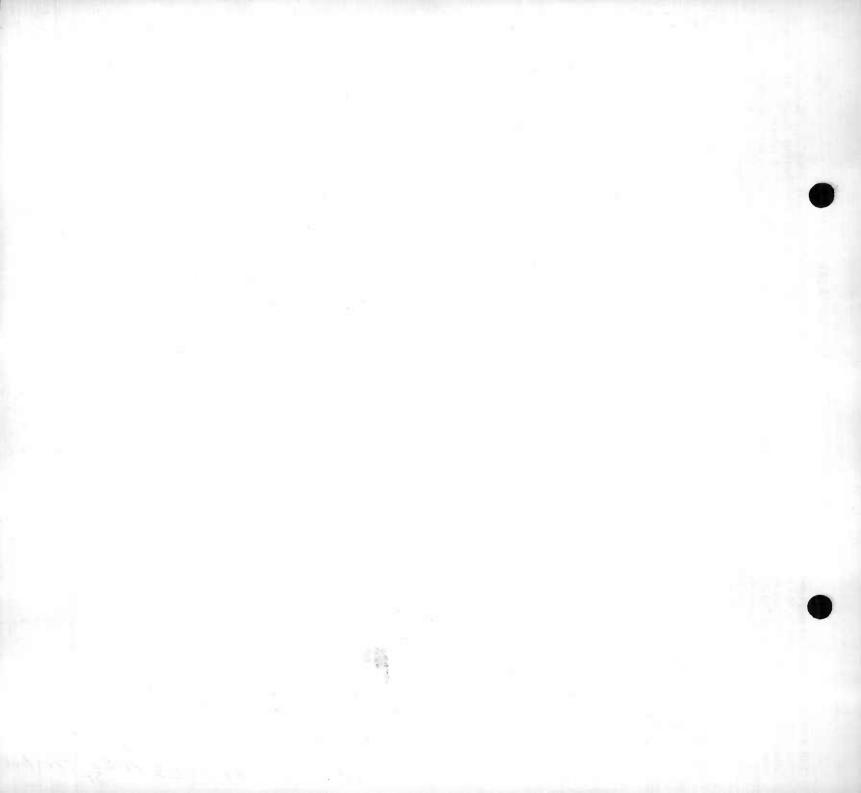
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BALTIMORE CITY HEALTH DEPARTMENT

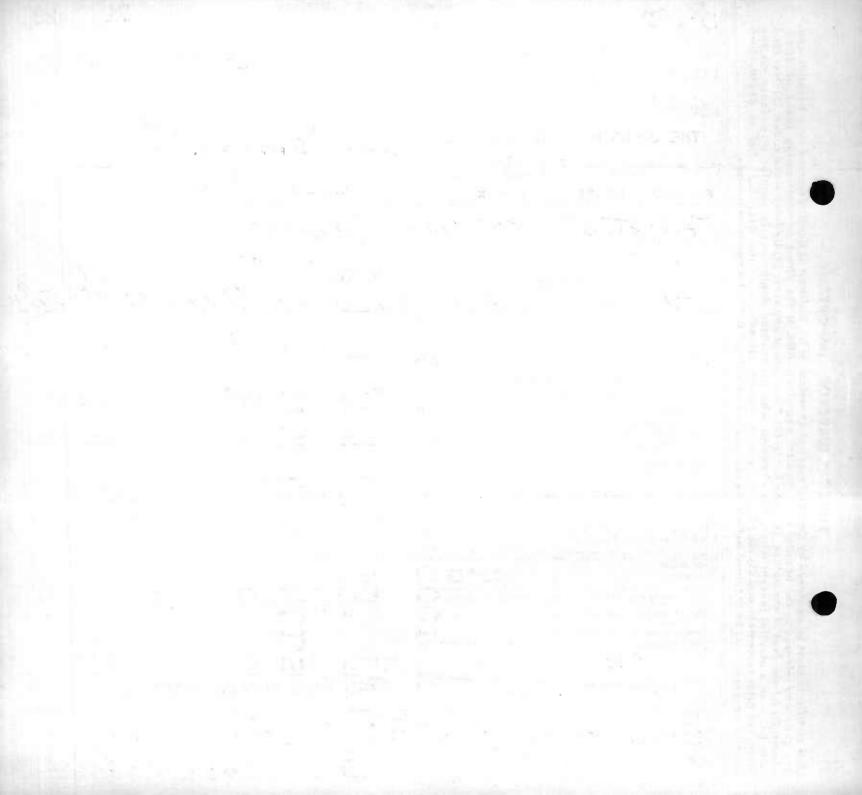
2635 Loyola northwary

	occurred in a hospital and ontributing cause of death ermined cause; (5) Deceased regular attendance on the eased prior to death. Such is made.	
OR: IMPORTANT	iner. Also, if the direct or cracture of any kind; (4) Under pronounced death was in jular attendance on the decompand or final disposition	
FUNERAL DIRECTOR: IMPORTANT	red by the chief medical examinature; (2) Body burns; (3) A figurature; (4) Body burns; (5) A figurature the physician who I (6) No physician was in regimed before the remains are e	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

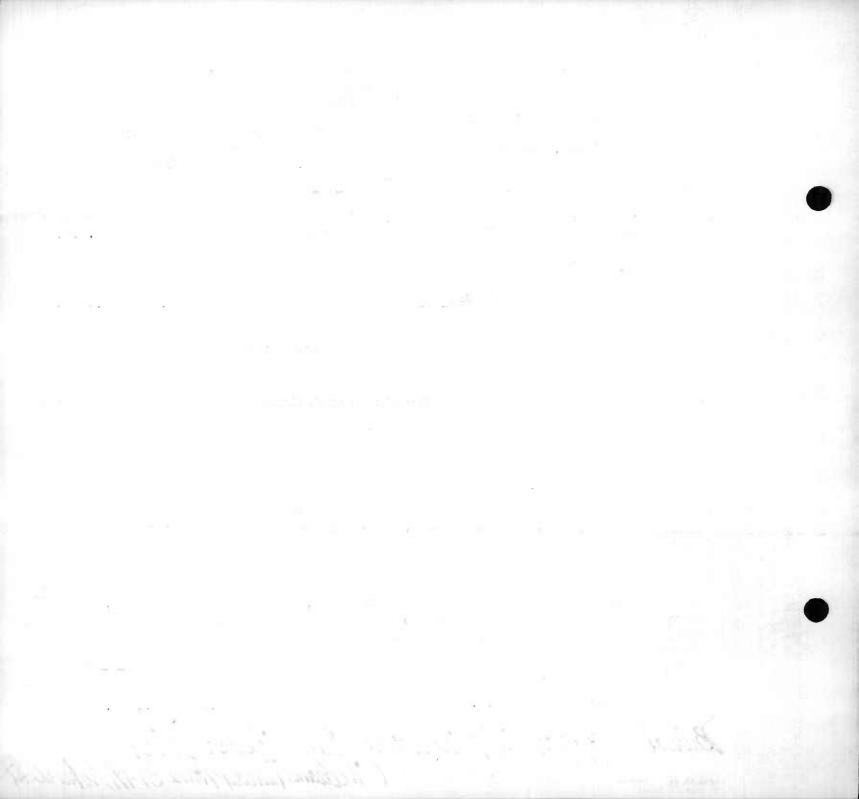
1 50 - 100	BALTIMORE CITY	HEALTH DEPARTMENT		Pag A			
J-525 71 3421	CERTIFICA	TE OF DEATH	REG. NO	71 3421			
1. NAME OF DECEASED (Type of Print) - Juanita Tohnson	/	2. DATE AND	HOUR OF DEATH	1030			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC		14. USUAL PESIDENCE (Where	decensed lived If it	nstitution: residence before admission			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI		A. STATE B. COUNTY	, accepted lived. If It	/ 4/- 0			
INSTITUTION ADDRESS OF FOCUTIONS		C, CITY OR TOWN	D. INS	IDE CITY LIMITS?			
University Hospital		Baltimore		YES NO			
		64/ Pitch	ER St_				
6. RACE 7. MARRIED WIDOWED	DIVORCED	10-18-27	AGE (In years	Months Doys Hours Min.			
OA. USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	countryl	12. CITIZEN OF WHAT COUNTR			
Housewife 7	ome	mal-		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI		0110,77			
Hooper Johnson		mary 5	11/1				
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown[UI yes, give war or dotos of service)	1 6. SOCIAL	17. INFORMANT	nau	ADDRESS			
NO Services	SECURITY NO.	MARY CorPres	7 1623	Walfe St.			
18./5/9	CAUSE OF DEATI	MARY COTTIEL	U	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY			1 -	BETWEEN ONSET AND DEAT			
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Carcinomo	- of Ston	used			
(This does not moon the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	/	***************************************			
injury or complication which caused death.)							
ANTECEDENT CAUSES	(B)						
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the	DUE 10, OR AS	A CONSEQUENCE OF:					
UNDERLYING CONDITION Iost.	(C)	*************************	************************				
Z							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1218	WHICH OPERATION	20 A. AUTOPSY? (Yos or No)	208, IF YES, WERE I	FINDINGS CONSIDERED			
ONONE WAS PERFORMED		No	IN CERTIFYING CAL	USES OF DEATH?			
	ne, form, foctory, street, of	or obout 21 C. WHERE DID	(II In Baltimore	e City, give exect location)			
21D-TIME (Month) (Doy) (Your (Haun) 21E	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?				
IAPPROX.)	ile At Not While						
			7/10	4-6 1001			
22. I certify that (1) (this hospital) attended the deceased from 2 - 19 7/ta 4 - 6 19 7/that (1) (we) last saw the deceased alive on 4 - 6 19 7/ and that in(my) (out) opinion death accurred an the date							
and hour and from the causes stated abave.		and the factor of the state of	in (my) (one) obii	nion death accurred an the dat			
23A. SIGNATURE	Wine Land Internation A	em the pady attet death.		23B, DATE SIGNED			
michael Planch	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ding Med. Ste	off [4	4-6-71			
23C-PHYSICIAN'S	DEGREE Phys.	3D. ADDRESS	ys. 🗀	211			
Michael P. Buchne	555 M.D.	University	Hospita	el.			
AA. BURIAL CREMATION, 24B. DATE 24C.N.	AME OF CEMETERY OF CRE	MATORY 24D. LOC	ATION. (Cit	y, town, or county) (Stole)			
REMOVAL Specify 1 12-7/ 11	+ Aubana	ENTERY MO	SFART	1/1			
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR	511011	ADDRESS D			
APR 8 19/1 Valle E. Jaile	of REGISTRAR	Calles	XRU66	c 17/0/2! //63/			
S 150-REV. 1/1/68		10910110	~~466	S / 5 / .			



0 200	BALTIMORE CITY	HEALTH DEPARTMENT		MA 0400				
D-320 71 3	422 CERTIFICA	TE OF DEATH	REG. NO	V1 3422				
1. NAME OF DECEASED Mamie Bo	des		L5 197	1 1 845 Pm.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE F	RONO UNCED DEAD	A. STATE B. COUN MARYLAND	re deceased lived. If in	nstitution: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. 1N5	IDE CITY UMITS?				
THE JOHNS HOPKINS H	LOCPITAL	BALTIMORE		AEX NO				
3 THE COMMS HOLKING	IOSITIAL	E. STREET AND NUMBER 2217 CLIFT	ON AVE.					
	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
FEMALE NEGRO WIDE	OWED DIVORCED DIVORCED	2-20-94	77	12. CITIZEN OF WHAT COUNTRY?				
form during most of working life aven if refined)	Post-Tamely	71/ aidis	a	12 CHIZA OF WAX, COUNTRY				
3. FATHER'S NAME	7	14. MOTHER'S MAIDEN NA		1				
JESSE DAVIS		PEGGY FOWL	_KES					
5. Was Deceased Ever in U. S. Anned Forces? Yes, no or unknown) (If yes, give war or dotes af se	ivice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Stean.	ADDRESS				
20 -	216-12-897	6 Klessell	Millani	1-2217 Cliften				
18. 403 X	CAUSE OF DEAT		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAL	SE Nephros	devos	or Vience 6 mon				
(This does not mean the mode of dying heart failure, asthenia, etc. it means the di	BOW DIETO OP AS		***************************************					
injury or complication which caused death,		He as day in		7 1-				
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	on '	yest				
nise to the above cause (A) stating	i tue	A CONSEQUENCE OF:		0				
UNDERLYING CONDITION lest,	(c)							
OTHER SIGNIFICANT CONDITIONS CONTRIBU								
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. DATE OF OPERATION 119B. CONDITION		1204 AUTOBEVS (Vos. et No.	all 20R IE VEC WERE	EINDINGS CONSIDERED				
19A-DATE OF OPERATION WAS PERFORME	POE WHICH OFERATION	YES	IN CERTIFYING CA	AUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21& PLACE OF INJURY le.g., i home, farm, foctory, street, a etc.)	n or about 21 C. WHERE DID lice bidg, INJURY OCCUR?	(If In Boltimo	re City, give exact location)				
21D. TIME (Month) (Doy) (Yees) (Hou	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	21F. HOW DID INJ	IURY OCCUR?					
(APPROX)	While At Work Not While At Work	•□	_	1				
22. I certify that (1) (this haspital) attended the deceased from 3/23 19 1 ta 4/5								
that (1) (we) last saw the deceased alive on 45 and that in (my) (our) opinion death accurred an the date								
and hour and from the causes stated obove. (i) (We) (did) (did not) view the body after death. 23A. SIGNATURE								
SOLAL DOC	Am Am	nding Med.	Staff Phys.	4/5/7/				
23C.PHYSICIAN'S	DEGREE Phy	23D. ADDRESS		1 1 1 1 1 1				
NAME (Type LERBY M. PAR	KER	THE JOHNS HO	PKINS HOS	PITAL				
24A. BURIAL CREMATION, 24B. DATE REAOVAL (Specify)	24C. NAME OF CEMETERY OF CR	MATORY 24D. L	OCATION IC	City, town, or county! (State)				
Buring 4/9/11	Carver /10	m PK Su	eurel,	Maykoud				
ADD A TOTAL REC'D BY HEALTH DEPT. 268. N	AME OF NEGISTRAR	25C FUNERAL DIRECTOR	80	1800 THE				
VS 150-REV. 1/1/68	Company of the Compan	Tall D	KINDE	102/Whoreh				
7 0 130-AL 70 1/1/00								

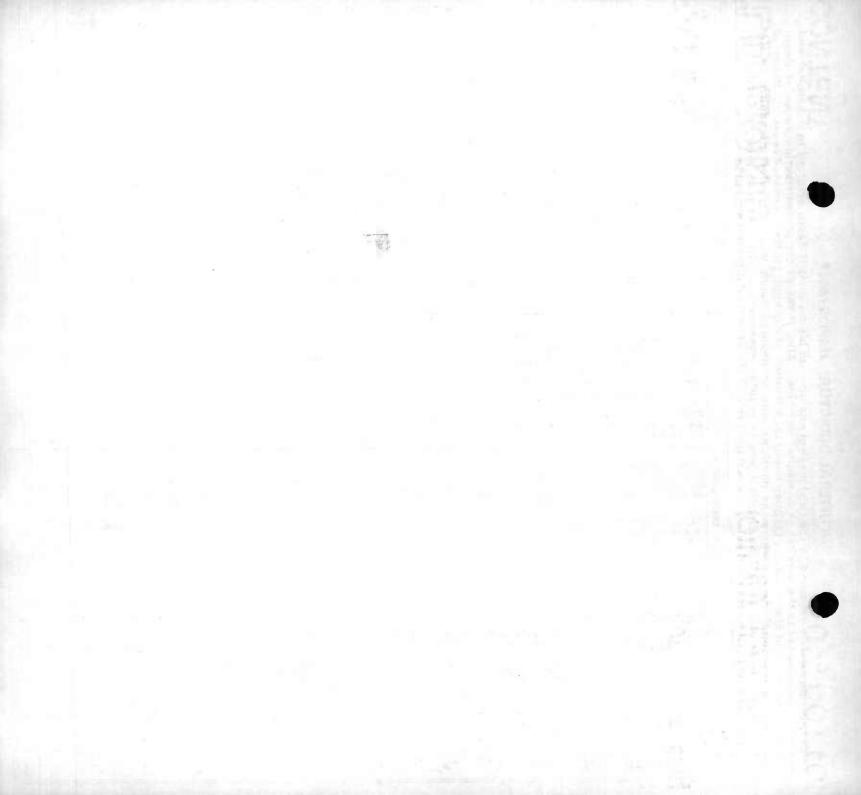


(R-25C	71	34	BALTIMORE CITY CERTIFICA			REG. NO	le La		
1,1	NAME OF DECI	ASED	- 4	- GERTINGA	TE OF I	2000000	No HOUR OF STATE	11	3423	
(Ty	po or Print)	RAISIN, Ri	ichard	Maxwell			nd hour of death		7.35	Δ
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRO	NOUNCED DEAD	4. USUAL RE	SIDENCE (Who	ero decoosed lived. If i	nstitution:	residence before o	dmission)
FU H(ILL NAME OF	(IF NOT IN HOSPIT	AL OR INS	smumon, Give street ration Hospital	Maryl	and		0-0	12	
HA	NOITUTION	3900 Loch Ra	iven B	larton Hospitat	c. CITY OR TO Balti		D'. INS	IDE CITY		
	23	Baltimore. N			E. STREET AN			YES X	NO	
							erry Street			
]	Male	6. RACE Negro	7- MARRI	ED DIVORCED	8. DATE OF 8	RTH OL	9. AGE (In years lost birthday) 69	II Und Moniha	er 1 Yr. If Under Doys Hours	24 Hrs. Min.
IOA	USUAL OCCU	PATION (Give kind of work orking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (Stote or fare	pign country)	12. CI1	TIZEN OF WHAT	OUNTRY?
,,,,,,	Labo		Ra	ilroad	Maryl	and			U.S.A.	
3.	FATHER'S NAM	E			14. MOTHER'S		AAF		0.00.2%	
	William	H. Raisin			Ima W		SALP.			
5,			ces?	1 6. SOCIAL	17. INFORMAN		Records			
Ye	Yes	Ever in U. S. Armed Ferr (If yes, give wer or dote 10/28/42 to	s of service	el SECURITY NO.				Do	ADDRESS	07070
_		10/20/42 60	3/30/			OO TOCH	Raven Blvd	, Da.	Troo, Ma.	STSTO
	18.303	.2		CAUSE OF DEATH					APPROXIMATE IN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hepatic failure							2Mont		
	(This does not meen the mode of dying, e.g.,							ZITOITO.		
	heart failure, a	sthenio, etc. It means lication which caused	the disease	se,	CONSEGUENC	E OF:				
AMPROPRIME								10 Voo		
	DISEASES OR CONDITIONS, if ony, giving Chronic Ethanol abuse DUE TO, OR AS A CONSEQUENCE OF:								10 Yea	· S
	rise to the	rise to the above couse (A) stating the								
	UNDERLYING	UNDERLYING CONDITION last, (c)								
Z	OTHER SIGNIFIC	11	17010117111							
	TO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH	E TERMINIA	G NL						
2	19A-DATE OF C	NOTION GIVEN IN PART	OTTON FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
2	0	WAS PERF	ORMED			No	IN CERTIFYING CA	USES OF	DEATH?	
.a	OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF	h	TB. PLACE OF INJURY (e.g., in tome, form, foctory, street, official)	or about 21 C. V	VHERE DID	(II in Boltimor	e City, giv	ve exoct locotion)	
	21 D. TIME (Month) (Doy) (Year)	(Houd 2	1E INJURY OCCURRED	21F. H	IOW DID IN	URY OCCUR?			
3	OF INJURY (APPROX.)		V	While Al Not While Nork At Work			OK! OCCOM			
	22. I certify th	hat 🆚 (this hospital)			muary 8		10 77 4- /	pril	1	71
		ast saw the deceased			19 71	•	I9 <u>(土</u> ta <u></u> at In(薬) (our) opl			11
- 1					ew the hody	often death	or interpretation	man ded	in accorred an i	ne date
	23A. SIGNATURE	d haur and from the causes stated above. (*) (We) (did) (*) view the body after death. 238, DATE SIGNED								
	Mark	M. Analy	20 M	Atten Phys.	ding /	Aed.	Staff Phys.	1	-1-71	
1	23C. PHYSICIAN NAME (Typ	S	1	DEGREE	D. ADDRESS	irecter 🔲	глуз, 🗀	1		
		Mark Apples	feld M			h Raven	Blvd., Bali	· 1	Md. 21218	
14	BURIAL CREM	ATION, 248, DATE	24C.	NAME OF CEMETERY OF CREA		24D. J.				State
4	DIS IN	4/5/1	1 9	1/ Pullan	in Ro.	19	adas In	ty Hown	, young,	Stote)
5A.	DATE REC'D B	Y HEALTH DEPT.	25B. NAME	OF REGISTRAR	1250, FILNED	AL DIRECTED	eun st	11	ADDRESS	
Ai	DD 0 10	THEALTH DEP.	Jaber	, M.D.	9/100	AL DIRECTOR	are of Houses	210	ADDRESS	Luck
H	110				1411110	110) 11/1	MIN I WINE	0/9	11/10/1200	allow



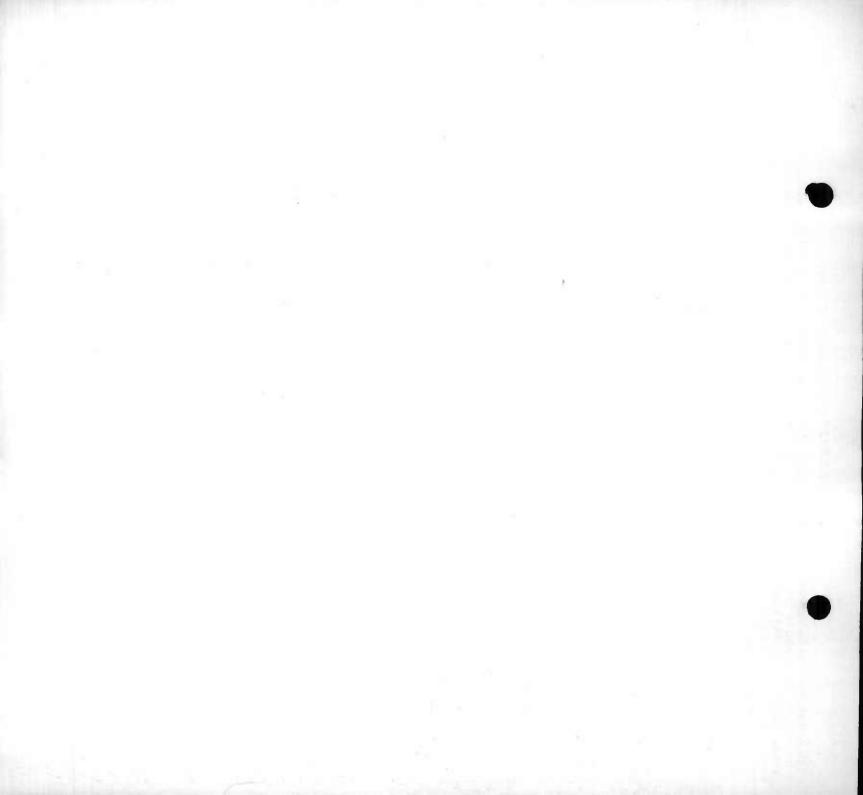
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(7 - 174 040	BALTIMORE CITY	HEALTH DEPARTMENT	17/1	0.495			
BIR	0-560 71 342	CERTIFICA	TE OF DEATH	REG. NO. 71	3425			
(Ту		ZSwanner	4-	HOUR OF DEATH	1415 AN			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	NONOUNCED DEAD	A. STATE /B. COUN	e deceased lived. If institution:	residence before admission			
FU HC	LL NAME OF JIF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY	3-02 ···			
1	South Baltimore G	eneral Hospital	E. STREET AND NUMBER	YES 🗵	-			
_			1414	TATANSE	000			
	Male White WIDE	RRIED NEVER MARRIED DIVORCED DIVORCED	12/29/96	ost birthday) Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.			
	. USUAL OCCUPATION (Give kind of work 108, Killed during most of working life, even if reflired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IStolo or forei	gn country) 12. CIT	TIEN OF WHAT COUNTRY			
13.	FATHER'S NAME	ni	14 MOTHER'S MAIDEN NAM	// 1	-			
5. Yes	Was Decaded Ever in U. S. Armed Forces? s,na arunkgown) (If yes, give war or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT Figm-		ADDRESS			
	18. 410.9	CAUSE OF DEATH			APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY		CVA		SETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Myocardial	Infarction	12 2 mont			
	(This does not mean the mode of dylng, heart failure, asthenia, etc. It means the di	P.G. DUETO OP AS A	CONSEQUENCE OF:	***************************************	***************************************			
	injury or complication which caused death.)							
	ANTECEDENT CAUSES	(8)						
	DISEASES OR CONDITIONS, if any,	DUE TO, OR AS	A CONSEQUENCE OF:	****************	***********************			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)						
	11	(0)						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		*****************************		000000000000000000000000000000000000000			
RTIFIC	19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? IVes or No.	208, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?			
¥	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nosity medicol exomine)	21& PLACE OF INJURY le.g., in home, form, foctory, street, officec.)	or about 21 C. WHERE DID	(if in Boltimore City, give	ve exect location)			
MEDIC	21D. TIME IMonth! IDoy! (Year) (Hour OF INJURY (APPROX.)	While At Not While	21F. HOW DID INJU	RY OCCUR?				
		Work La At Work			<u> </u>			
	22. I certify that (1) (this hospital) attended the deceased from 2-27 19 7/ to 4-5 19 7/ that (1) (we) last saw the deceased alive on 4-5 19 7/ and that in(my) (aur) apinion death accurred on the date							
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.							
	23A. SIGNATURE	2	41 - 44 4 4		TE SIGNED			
	Susumu King	CE MD DEGREE Phys.		hys. \	15/71			
	SUSUMU /	KINJO MD DEGREE	3001 South to South Bal	lanover Street.	Balto MD			
24A	REMOVAR (Specify)	4C. NAME OF CEMETERY OF CREATERY OF CREATE	MATORY 24D. LO	CATION (City, town,				
25A	APR 8 1971.	ME OF REGISTRAL D.	25C. FUNERAL DIRECTOR	1 130 €	HOLT Ces			

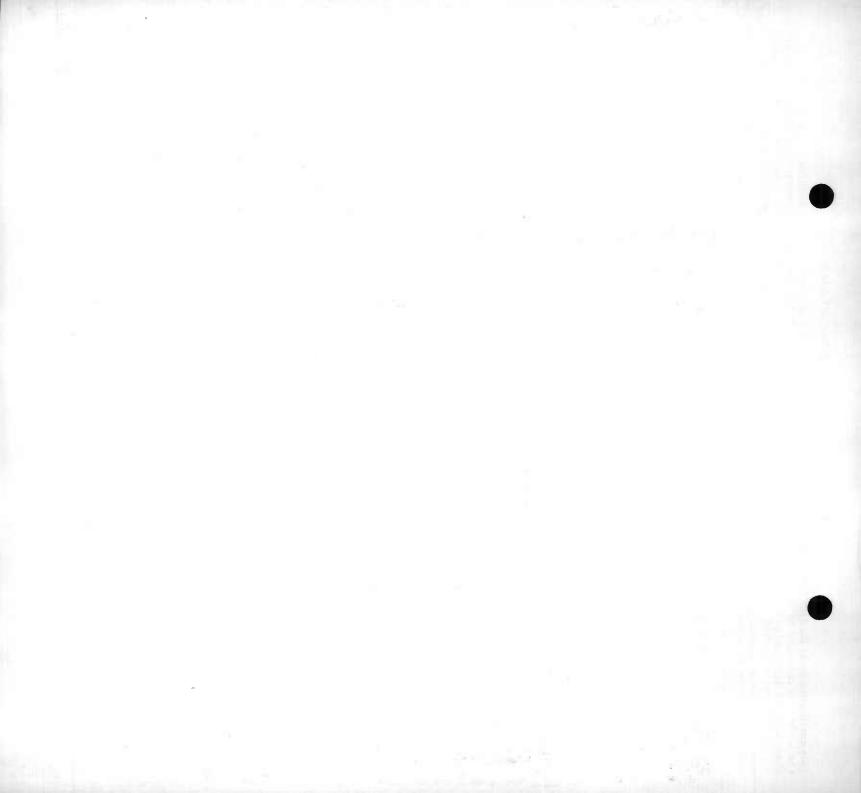


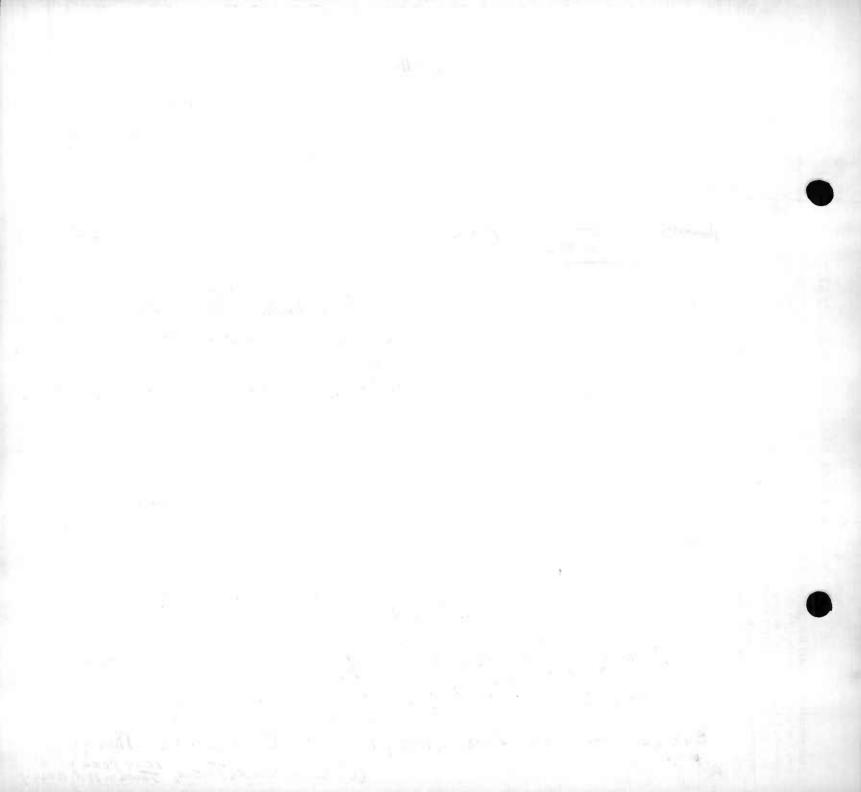
IMPORTANT DIRECTOR: FUNERAL

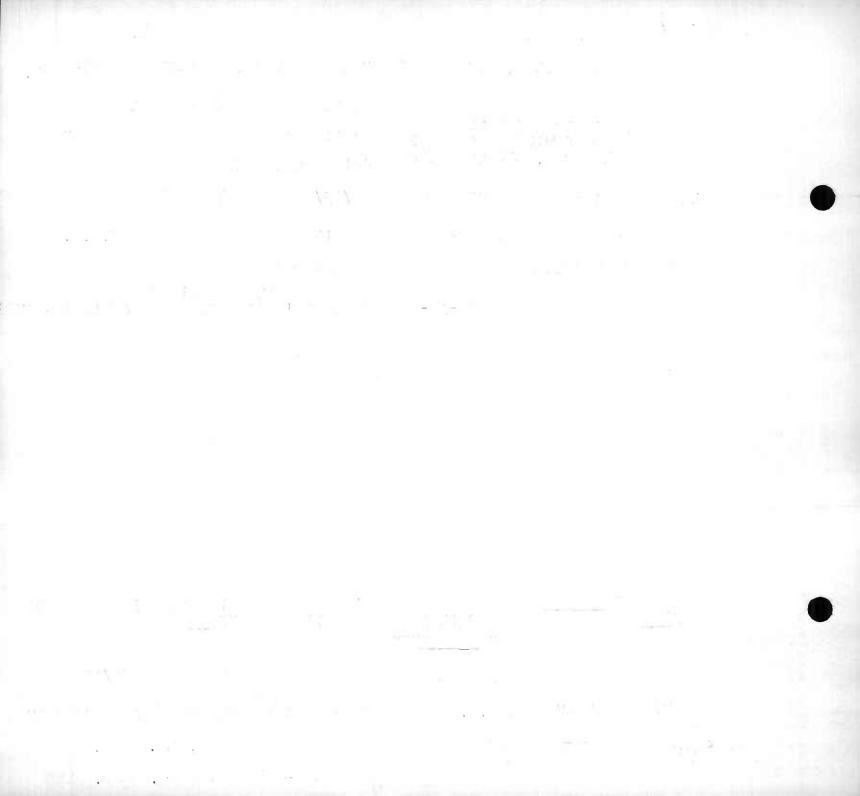
D. INSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 5 BGH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Bolttmore City, give exact lacation) and that in (my) (aur) apinian death occurred on the date 23 B. DATE SIGNED (City, tawn, or county) (State) ADDRESS

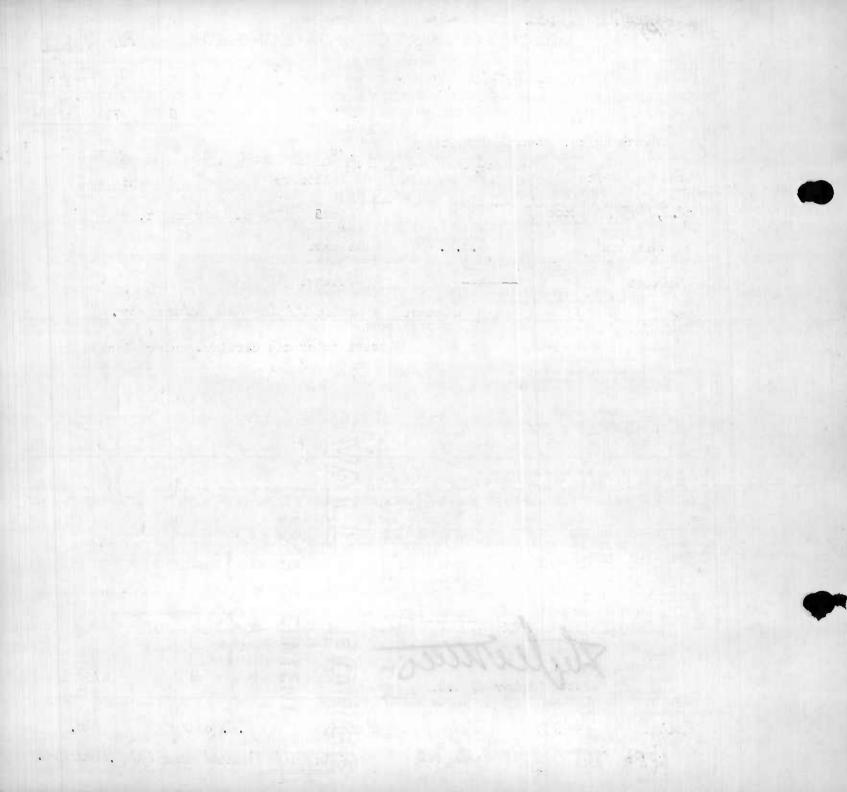


BALTIMORE CIT	TY HEALTH DEPARTMENT								
Divini 110.	ATE OF DEATH REG. NO. 71 3427								
1. NAME OF DECEASED (Type or Print) FOFOFO	2. DATE AND HOUR OF DEATH								
(Type or Print) FREDERICK W. HALL	414/71 1 7 pm								
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY								
FULL NAME OF HOSPITAL OR HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	Maryland 27-31								
HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN! D. INSIDE CITY LIMITS?								
44 Union Neuronial Hospital	Baltuyore VES NO								
1 Compa Com Com (10 ppm 1000	E. STREET AND NUMBER								
	4025 Echodale Rd								
5. SEX 6. RACE WIDOWED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 1 3 94 9. AGE (In years If Under 1 1/2. If Under 24 Hrs. Months Doys Hours Min.								
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR.	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY								
Ret. PRESSMAN J.E. Smith Co.	Haryland U.S.A								
Saund Hall	14. MOTHER'S MAIDEN NAME Hary Rose								
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no drunknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 215-63-708	7. INFORMANT ADDRESS								
18. 4 × 5 × 1 CAUSE OF DEAT	- Child								
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH								
LEADING TO DEATH	all on the production of								
(This does not meen the made of dving, e.g. (A) IMMEDIATE CAUSE TO THE TOTAL T									
injury or camplication which caused death.)	heart failure, asthenia, etc. It means the disease,								
ANTECEDENT CAUSES									
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:								
luge to the apole case (W) statista tile									
UNDERLYING CONDITION last. (C)									
z 11									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION WAS PERFORMED 21A ACCIDENT WAS UNDERLYING TO THE PERFORMENT.									
ODISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	120 A A LINGS FOR IV								
WAS PERFORMED	20A-AUTOPST? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g.,									
A TOP CONTRIBITING I CALLER OF Thems I am Contain the A	In or about 21 C. WHERE DID Iffice bldg, INJURY OCCUR? (If In Boltimore City, give exact location)								
o states though medical examines									
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?								
(APPROX.) While At Work At Work									
22. I certify that M) (this hospital) attended the deceased from 2/28 19 7/ ta 4/4 19 7/									
The second of the data									
and hour and from the causes stated above. (1) (We) (did) (did nat) v									
\11/11.21109	anding Med. The Staff F2 23B, DATE SIGNED								
Decree Phy	s. Director Phys. 2								
	23D. ADDRESS								
JACQUET KHOURY DEGREE	Clevon Memoral Hospital								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRI	EMATORY 24D. LOCATION (City, town, or county) (Stote)								
Lurial 4-8-71 Louden Par	1.								
FURIAL 4-8-71 JOUGEN PAR									
APR 8 19/1 Valente									
	Mc Cally + 23 7 Tetapsko Hv. 2122								

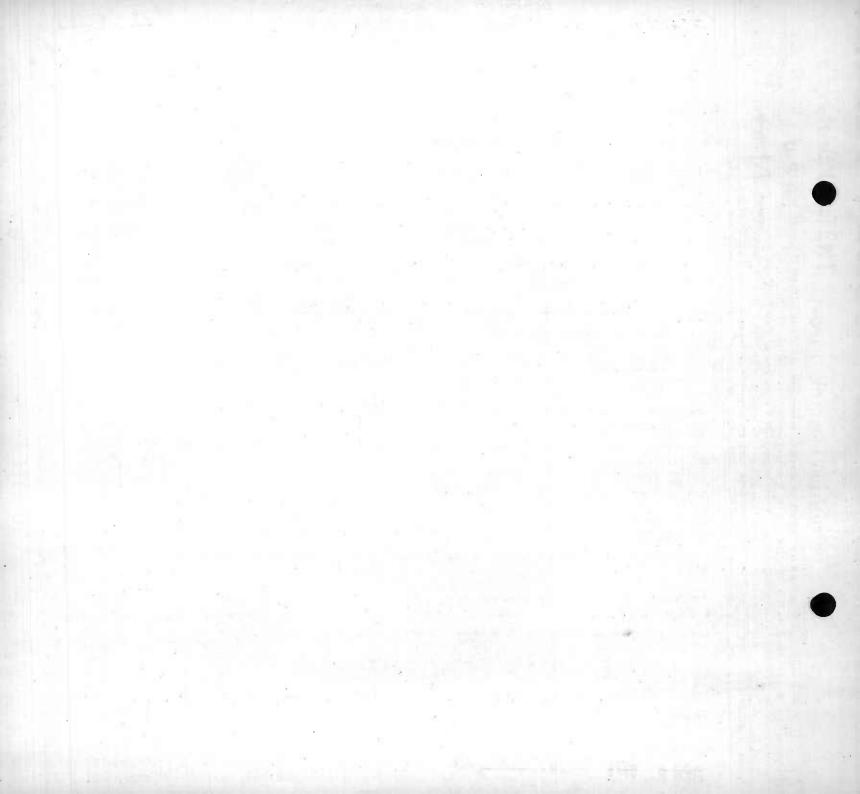


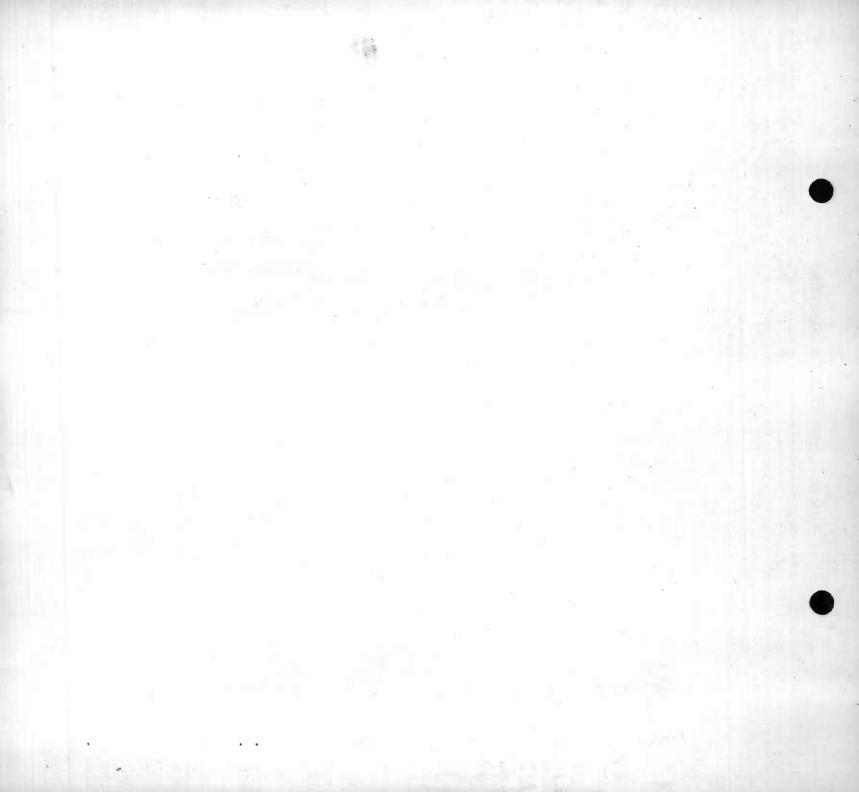






/	7	4 204.8		BALTIMORE CITY	HEALT	H DEPARTMENT		197.4		
BIR	5-629 TH NO.	4 71	343	3 CERTIFICA	TE C	F DEATH	REG. NO	71 34	33	
	AME OF DEC	EASED				2. DATE	AND HOUR OF DEATH	Н		
{Тур	e or Print)	Valdemars H.	Gris	slis			1 4, 1971	1:10		
3. 1	PLACE IN BAL	TIMORE MARYLAND, WH	IERE PRO	NOUNCED DEAD	4. USU A. STA	TE B. COU		institution: residence b	efore admission)	
HC	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCAT	L OR INS	STITUTION, GIVE STREET	C. CITY	OR TOWN	206 D. IN	SIDE CITY LIMITS?		
10	0	4407 Berger	Avenu	le		ltimore		YES 🔀 N	o 🗌	
		Baltimore, M				et and number 07 Berger	Avenue			
5. 5	EX	6. RACE	MARRI	ED NEVER MARRIED		OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Doys H	f Under 24 Hrs.	
]	Male	White	WIDOW		Jul	y 20, 1904	lost birthday	Nomins, Doys	DOTS : IVIIII.	
		UPATION (Give kind of work) working life, even if retired)	OB. KIND	OF BUSINESS OR INDUSTRY	11. BIRT	HPLACE (State or fo	reign country)	12. CITIZEN OF W	HAT COUNTRY?	
		of boiler	Heat	ing Plant	La	tivia		Lativia		
13.	FATHER'S NA	ME			14. MO	THER'S MAIDEN N	AME			
		Martins Grisl	is		An	na Zalenie	ks			
15.	Was Deceased	Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFO	RMANT		ADDRES	5	
	No		or service	security No. 326-28-6403	Alma	a E. Grisl	is (Wife) Sa	ame		
-	1B. / 5 2	7		CAUSE OF DEAT	4			APPROXI	MATE INTERVAL	
	DISEAS	SE OR CONDITION DIRE	CTLY		C	accerom	o of color	G BETWEEN C	INSET AND DEATH	
		LEADING TO DEATH		(A) IMMEDIATE CAL	JSE		1			
		ool meon the mode of ostherio, etc. It meons t			A CONSE	QUENCE OF:			100000000000000000000000000000000000000	
		aplication which coused								
		ANTECEDENT CAUSES		(0)						
	DISEASES C	OR CONDITIONS, if o	ny, giv	ing DUE TO, OR AS	A CONS	EQUENCE OF:				
		e obove couse (A) G CONDITION lost,	sloling							
TION	OTHER SIGNIF	II ICANT CONDITIONS CON	TRIBUTIN	IG .						
ATIC		TH BUT NOT RELATED TO THE ONDITION GIVEN IN PART		AL						
ERTIFIC		OPERATION 198. COND	ITION FO	OR WHICH OPERATION	20 A.	AUTOPSY? (Yes or	No. 20B. IF YES, WERI	FINDINGS CONSIDE	RED	
CEI		NT WAS UNDERLYING		21B. PLACE OF INJURY (e.g.,	n or obou	121C. WHERE DID	(If In Boltim	ore City, give exact loc	otion)	
CAL		medical examiner		home, form, factory, street, o etc.)	ince olog	, INJORI OCCOR:				
ō	21 D. TIME OF INJURY	(Month) (Doy) (Yeor)	(Hour)	21E. INJURY OCCURRED		21 F. HOW DID IN	NJURY OCCUR?			
ME	(APPROX.)			While At Not While At Work						
	22. 1 certify	that (1) (this haspital)	attende	d the deceased fram	9	- 22	19 70 to	4-4	19.7/.	
	that (1) (we) last saw the deceased alive an FEB. 3 19.7/ and that in(my) (aur) apinian death accurred an the date									
	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.									
	23A. SIGNATU		1	0 2010		-)	c. " —	23B. DATE SIGNED		
	Charles O fregel m() DEGREE Phys. Director Phys. 8/5/7/									
	23C. PHYSICIA	vpe)			23 D. ADI					
		Dr. Charles	J. S	Siegel	11 1	E. Chase S	treet Balto.	. Md. 21202		
244	BURIAL CRE	MATION, 24B. DATE Specify)	240	NAME of CEMETERY OF CR	MATOR	Y 24D.	LOCATION	City, town, or county)	(Stote)	
	Buriel	4/10/71	W	oodlawn Cemeter	У	Ba	altimore, Ma	ryland		
2SA	DATE RECTO	BY HEALTH DEPT	25B. NAA	E OF REGISTRAR	2SC	FUNERAL DIRECTO	O R	ADDI	RESS	
1	APR a	1971 Pale & E	Jano	ey Mo.	Se	eitz Funer	Seitz 5209 Y	ork Road	21010	
-	***							1 21/4	the state of the	

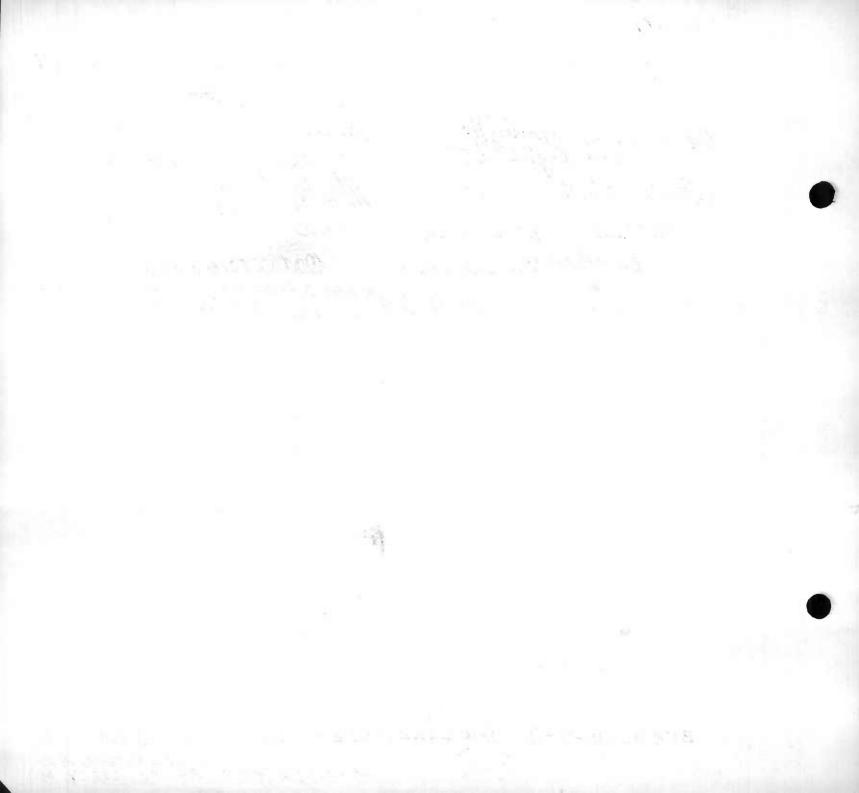




IMPORTANT

FUNERAL DIRECTOR:

0 .00 71 3434	BALTIMORE CITY	HEALTH DEPARTMENT) 10	13 0404
0-620 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	1 3434
(Type or Print)	ash	2. DATE AND	HOUR OF DEATH	930 p
3. PLACE IN BATTIMORE, MARYLAND, WHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (Where		n: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI-	TUTION, GIVE STREET	and Boo	FOCOLD.	26-07
INSTITUTION	Home	Ballo: M	D. INSIDE CIT	_/ _
Harbar Vices hursing	ff	E. STREET AND NUMBER	0 11 16	
5. SEX 6. RACE 17. MARDING		8. DATE OF BIETH OR	w st, #	2/224,
Female White WIDOWE		11/20/9/	119	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sfale or foreign	1 county) 12. (CITIZEN OF WHAT COUNTRY
IXETIRED HOUSE	WORK	14. MOTHER'S MAIDEN NAM		USA
COLOR COMO COMO WILL	IAM EVERS	Constant	PROP JENNIE	L. 3
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (If yes, give war ar dotes of service)	SECURITY NO.	MINTAPO D. RADUM	SXY Pals & St	ADDRESS 24
18. 4/2. 4 × 2.50.9	CAUSE OF DEAT	H Change to S.	of design of	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ASOV	Durence	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.	(A)IMMEDIATE CAU	A CONSEQUENCE OF:	/our upc	
heart failure, asthenia, etc. It means the disease injury or complication which caused death.)	•			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	A CONSEQUENCE OF:		
- 11	4		1/1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	De	sheles Mel	likus	?
U 19A. DATE OF OPERATION 1198 CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B, IF YES, WERE FINDIN	GS CONSIDERED
	BLACE OF INTERNAL - 1	100		
OR CONTRIBUTING CAUSE OF hor DEATH (notify medical examined	ne, larm, lactory, street, af	n ar obout 21 C. WHERE DID fica bldg., INJURY OCCUR?	(If In Baltimora City,	give exact location)
S OF INJURY	INJURY OCCURRED	21F. HOW DID INJUI	Y OCCUR?	
(APPROX.)	ark L At Wark			
22. I certify that (I) (this hospital) attended to	he deceased from	3/77 19		6 1971
that (I) (we) lost saw the deceased alive on, and have and from the causes stated above. (1) (W-) (du) (du)		in (my) (our) opinion d	eath accurred on the date
23A. SIGNATURE	/ (ne) (dia) (dia hor) v	lew the body differ deoth.	23 B. D	ATE SIGNED
mon x.12	Atten OEGREE Phys	nding Med. Sh	off Sys.	4/7/71
23C. PHYSICIAN'S NAME (Type)	RICHARD	CONTRACTOR OF THE STATE OF THE	ALVERT	57
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	AME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City, town	, or county) (Stote)
BURIAL 4-9-71, 0		EMETERY 7225	EASTERN BLVD	BALTO, Co, MD,
APR 8 1971 July E. Harber	OF REGISTRAR	25C. FUNERAL DIRECTOR	1, 6224 EA	STERUS AVE.
VS 150-REV. 1/1/68		anany x 17	MU BALTO	,21224, MD.



24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/68

24B. DATE

3435 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED 2. DATE Known 🔀 Day Year Hour Louis R. Meisel (Type or Print) OF Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE 3. Hour Month Doy Yeor PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 2:53 p.M. 5 4 71 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY South Baltimore General Maryland 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? male white Baltimore WIDOWED DIVORCED X YES X NO L 9. DATE OF BIRTH lost birthdoy) 10. AGE (in years If Under 1 Yr, If Under 24 Hrs. E. STREET AND NUMBER Months | Doys | Hours | Min. PAIL 13 3505 E. Fairmount Ave. 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? mary lanor. reorga 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Sheet Metal Uxxlein. 16. WAS DECEASED EVER IN U.S. ARMED FORCES 17. SOCIAL 18. INFORMANT (Yes, ne or unknown) (If yes, give wor or dotes of service) SECURITY NO 3505 E. Fairmountil (c034811 19. CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dylng, e.g., heart foilure, osthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Boltimore City, give exact location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month)
OF INJURY 22E.INJURY OCCURRED (Yeor) 22F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) AT WORK 23. I certify that I held on Inquiry Inspection Autopsy X ond that on this basis, death in my opinion resulted from: Noturol couses X Accident Sulcide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Werner U. Spitz Deputy Chief Medical Examiner M.D. 4/6/71

24C. NAME of CEMETERY or CREMATORY

- 12589 NAME OF REGISTRAR

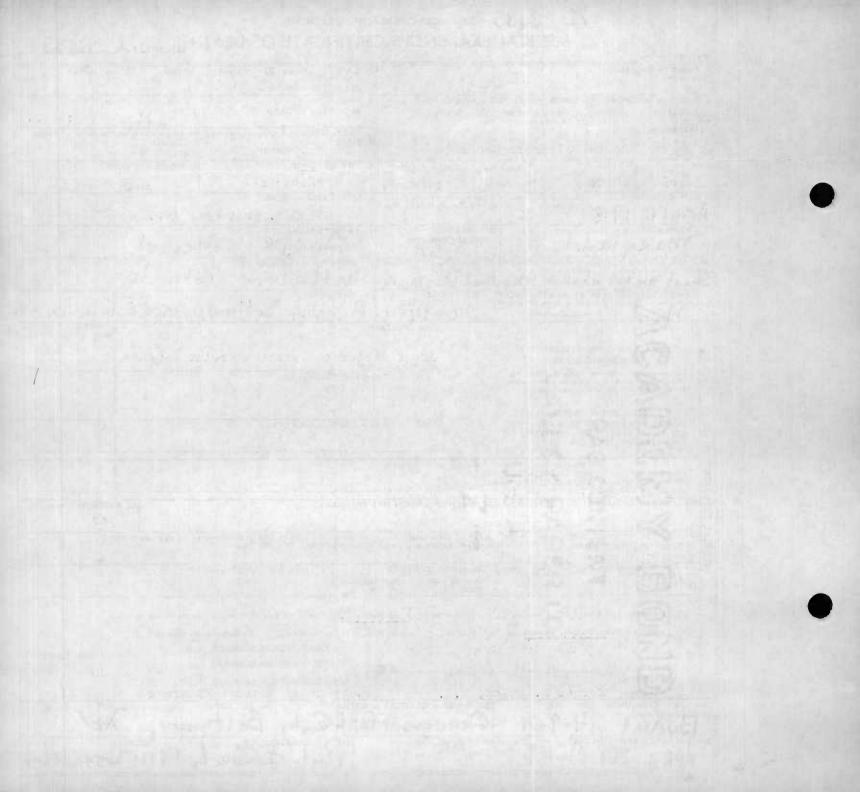
24D LOCATION

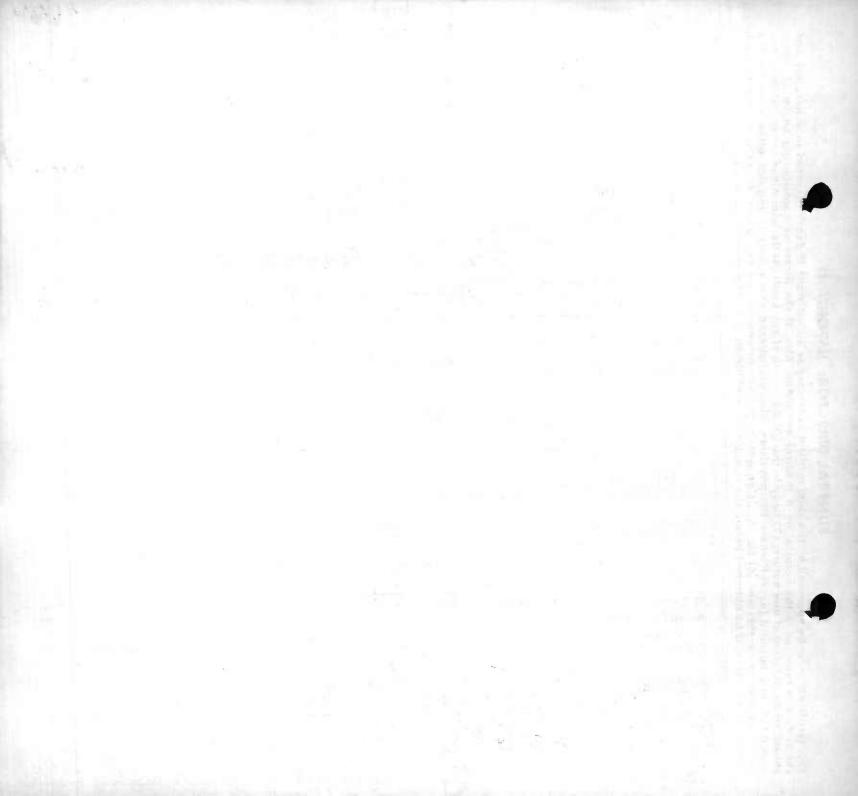
25 TUNERAL DIRECTOR

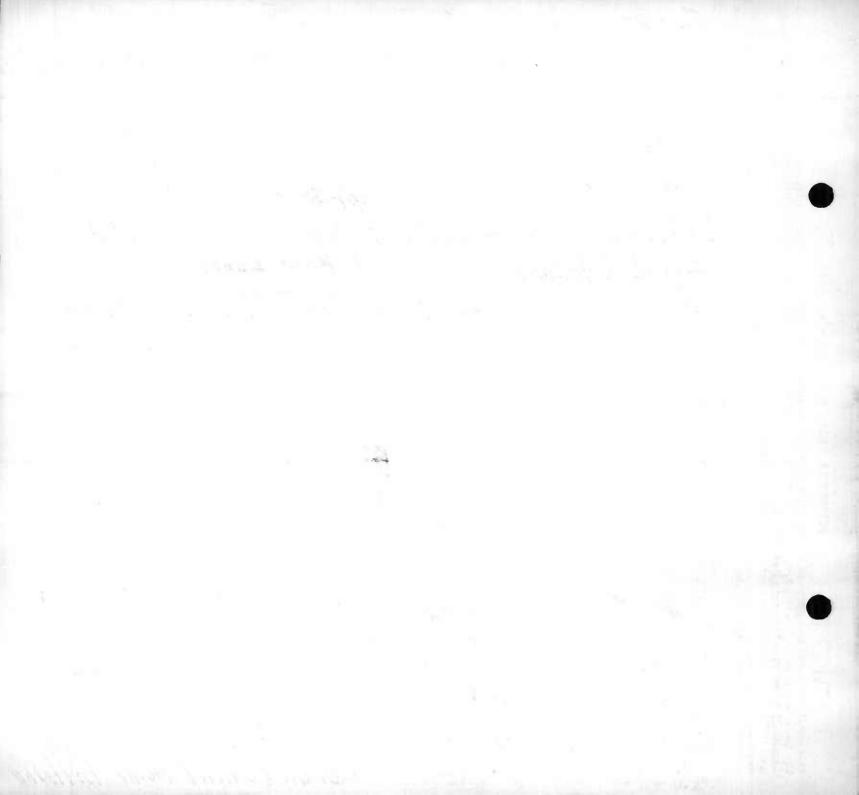
(City, town, or sounty)

ADDRESS

(Stote)







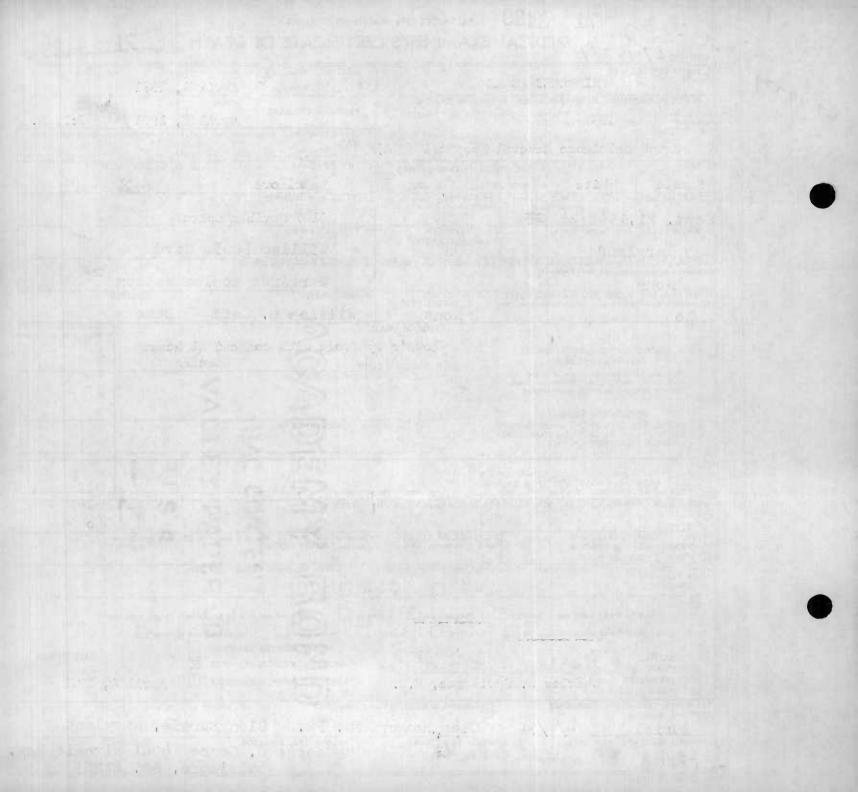
FUNERAL DIRECTOR: IMPORTANT

10 001	1 71	0.400	BALTIMORE CITY	HEALTH DEPARTMENT		-M 0.400		
BIRTH NO.		3438	CERTIFICA	TE OF DEATH	REG. NO	71. 3438.		
1. NAME OF DEC	EASED			2. DATE AN	D HOUR OF DEATH			
	FRANK COST	PELL		4-1-7	1 12:30 P	.M.		
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If incl	itutian: residence belate odmissio		
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION	, GIVE STREET	Alcazar Ho	tel Cathedra	al Street //-0		
Ox	HILTON NURS	SING HOME		Balto. Md.		YES NO		
70	##13 Poplar		Balto. Md	Balto. Md.				
	DDIO 1 OPIGI	. 501000	21216	? Calh	al SE	cent		
5. SEX	6. RACE	7- MARRIED N	EVER MARRIED	8 DATE OF BIRTH				
W	W	WIDOWED	DIVORCED	70 75 00	lost birthday)	II Under 1 Yr. If Under 24 H Manths Days Haurs Min.		
IOA, USUAL OCCU	JPATION (Give kind of work	IOB KIND OF BUS	NESS OR INDUSTRY	11. BIRTHPLACE (Stole ar lare)		12. CITIZEN OF WHAT COUNT		
done during most of	working lile, even it retired)	5			4	12. CHIZEN OF WHA! COUNT		
13. FATHER'S NAM	4.5	/		14. MOTHER'S MAIDEN NAM	ic 7	U.S.A.		
				14. MOTHER'S MAIDEN NAM	ME	U D A D		
m	ATT- COS	fell		Dona F	Dalica			
5. Was Deceased	Ever in U. S. Armed Face	ac? 14 6	OCIAL	1-1	31100	ADDRESS		
es,na ar unknown)	(If yes, give wor or dotes	of service)	ECURITY NO.	H: Im Nuc	sing Home	WDDKE22		
		2	17-09-1382-	A				
1B. 4/2	1.4.1		CAUSE OF DEATH	0 0		APPROXIMATE INTERVAL		
DISEAS	E OR CONDITION DIR	ECTLY	A.	5.0.11	. ()	BETWEEN ONSET AND DEA		
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE	/ .			
heart loilure.	of mean the mode of asthenia, etc. If means	dying, e.g.,		CONSEQUENCE OF:				
injury or com	plication which coused	death.)				22		
A	NTECEDENT CAUSES							
DISEASES	R CONDITIONS, if o	unu siviss	(B)	A CONSEQUENCE OF:	******************			
rise to the	obove couse (A)	slating the	DOE TO, OK AS	K CONSEGUENCE OF:				
UNDERLYING	UNDERLYING CONDITION last. (C)							
	11							
OTHER SIGNIFI	CANT CONDITIONS CON	TRIBUTING						
FIO THE DEATH	BUT NOT RELATED TO THE	E TERMINAL	**************		***************************************			
19A. DATE OF	OPERATION 198 COND	TON FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES. WERE FIN	DINGS CONSIDERED		
19A. DATE OF	WAS PERFO	JKMED			208. IF YES, WERE FIN IN CERTIFYING CAUSE	S OF DEATH?		
U 21A. ACCIDEN	T WAS UNDERLYING	21B, PLAC	E OF INJURY (e.g., in	or about 21C. WHERE DID	(If In Rollings C	City, give exact facation)		
I OK CONTRIBUT	TING CAUSE OF	home, for	n, foctory, street, olfi	ce bldg. INJURY OCCUR?	prin painmore C	my, vive exact ideation)		
_								
OF INJURY	(Manth) (Day) (Year)		RY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?			
(APPROX)		While Al	Nal While					
22. 1	thes /11 /ship hands 11			7-7	71 ==			
	that (1) (this hospital)			1 1	9 <u>70 to</u>	4-1-197/		
thot (1) (we)	last saw the deceased	alive on	5-24	19and the	t In (my) (aur) apinia	n deoth occurred on the da		
and haur and	fram the causes state	d obove. (1) (We	(did) (did not) vi	ew the body after deoth.				
23A. SIGNATUR	RE O	17			122	& DATE SIGNED		
1 AB	Tota (D	11	Aften	ding Med.	Staff [7]	4-1-7		
23C PHYSICIAN	es e	ul,	GEGREE	- Director - F	hys.	7 / - //		
23C. PHYSICIAN NAME (Ty	pe)		23	D. ADDRESS	1			
	Dr. Barbu	Calin		821 Damles /	Inowa Chast	D-34 - 343 - 01		
4A. BURIAL CREM	ATION, 1248, DATE	24C. NAME o	CEMETERY OF CREA	MATORY 24D. LO	Grove Street	Balto. Md. 2'		
REMOVAL (S	pecity)	10	1 1	///		taidle)		
Julian	14-1-1	Pros	Dort H	, //	owson,	md,		
TOR SEC. N	Y-HEALTH DEPT.	IN NAME OF REC	ISFRAR	25C. FUNERAL DIRECTOR	0 -	ADDRESS		
LH ILO N	RET CALCINO AL	the second	4, 0 0 0	Mr Cook. I	Starl 10.	1656 Yere		
S 150-REV. 1/1/6	8			11/3 2000	E LELES / ONLY	you even		



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C-630 71 3439 BALTIMORE CITY HE.	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 3439
BIRTH NO. 67-19779 1. NAME OF DECEASED	4100
(Type or Print) KIMBERLY CARD	2. DATE Known T Month Day Year Hour OF Estimoted April 4. 1971
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted April 4, 1971 M. Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	PRONOUNCED DEAD April 4, 1971 7:38 A. M.
	5. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE B. COUNTY
South Baltimore General Hospital (DOA)	Maryland 25-05
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years lost birthday) If Under 1 Yr. II Under 24 Hrs. Months, Doys, Haurs, Min. 2\frac{1}{2} 3\frac{1}{2}	4107 Mariban Court
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAI COUNTRY?	William Louis Card
IAA.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY dane during mast of working lile, even ill relired)	
None	Margaret Louise Watson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS
(Yes, no ar unknown) (Il yes, give wor or dates of service) NO NO NO NO NO NO NO NO NO N	William L. Card Same
19. 7 5 7 3 CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY DOWN'S S	yndrome with congenital heart BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE C	dinassa
	S A CONSEQUENCE OF:
injury ar complication which coused death.)	
ANTECEDENT CAUSES (9)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
II I UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	n ar obout 22C. WHERE DID (If in Soltimore City, give exect location)
UNDERLYING OR CONTRIB. hame, farm, lactory, street, affice	n ar obout 22C. WHERE DID (If in Soltimore City, give exect location)
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED.	n ar oboul 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) WHILE AT WORK AT WORK	in ar oboul 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
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UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT WORK AT W. 23. I certify that I held an Inquiry Inspection X Aut	22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) 1NJURY OCCUR? 22F. HOW DID INJURY OCCUR? while DRX and that on this basis, death in my opinion
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UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) I certify that I held an Inquiry Inspection X Aut resulted from: Natural couses X Accident Suicide ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. Name, form, loctary, street, affice WHILE AT NOT WORK AT WORK AT WALL ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. Charles S. Springate, M.D.	WHILE OPEN OPEN OF ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER APril 4, 1971
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) (22E.INJURY OCCURRED. OF INJURY (APPROX.) i certify that I held an inquiry Inspection X Autresulted from: Natural couses X Accident Suicide ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	22C. WHERE DID (if in Boltimore City, give exact location) 22F. HOW DID INJURY OCCUR? WHILE OPEN and that on this basis, death in my opinion Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER APril 4, 1971 OF CREMATORY 24D. LOCATION (City, lown, or county) (State)
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UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) I certify that I held an Inquiry Inspection Act with the service of the s	22C. WHERE DID (if in Boltimore City, give exact location) 22F. HOW DID INJURY OCCUR? 22F. HOW DI



Clearview Cemetery

25B. NAME OF REGISTRAR

Robert E. Jaber M.D.

tery Dekalb Co., Georgia

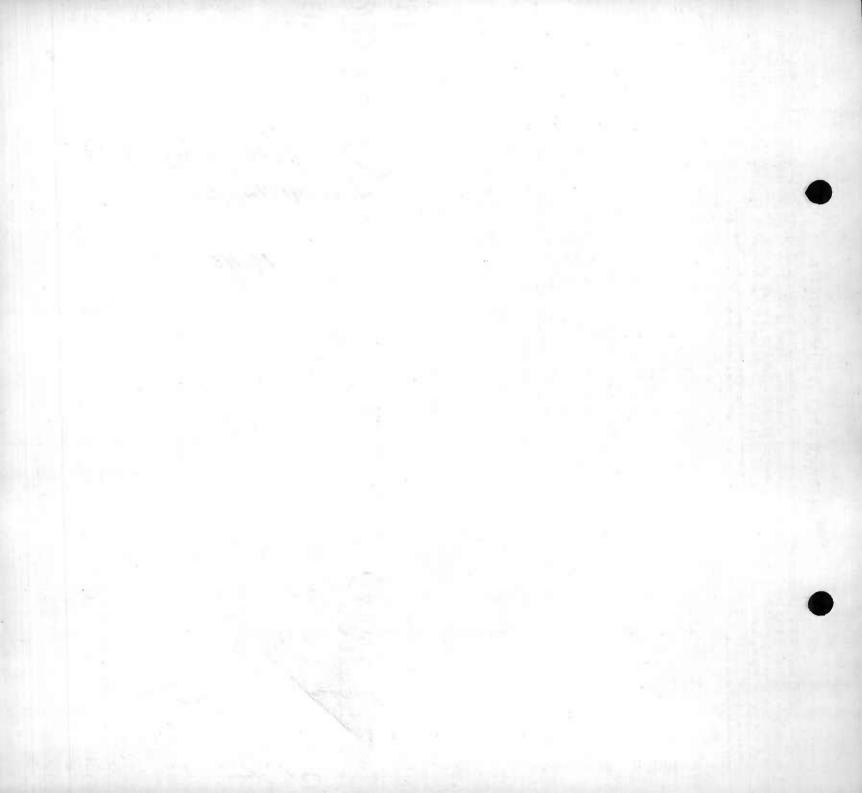
25C FUNERAL DIRECTOR
ROBert C. Altenburg Funeral Home, Inc

6009 Harford Rd. - Balto., Md. 21214

REMOVAL (Specify)

Removal

Mary Mary State - work to the country of the minusest . and Disaster - printered universeld in the way The Transact College of the Street College o

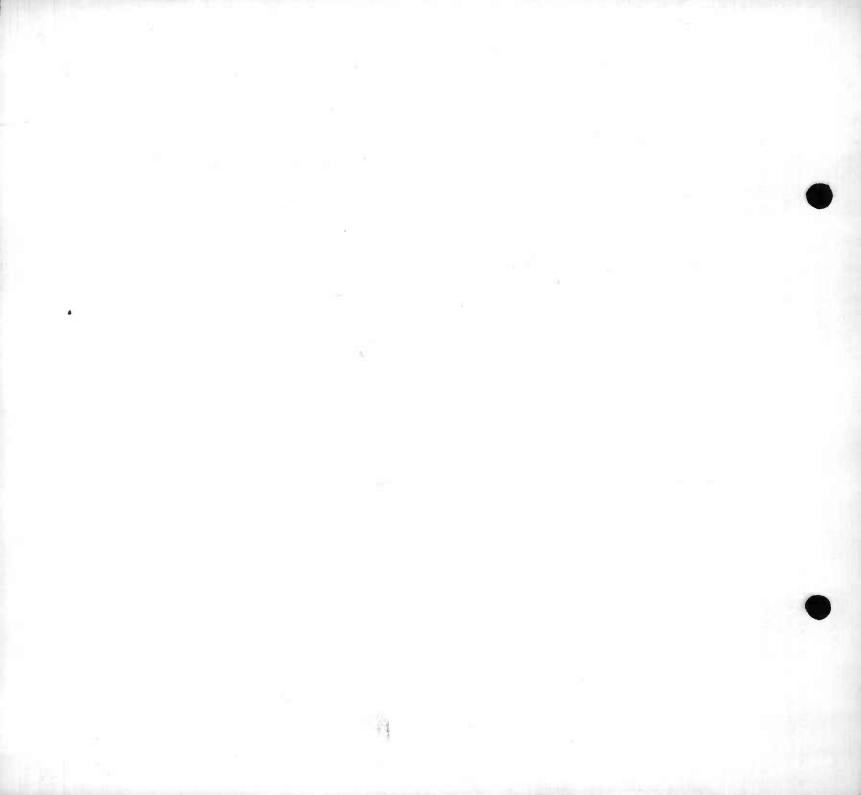


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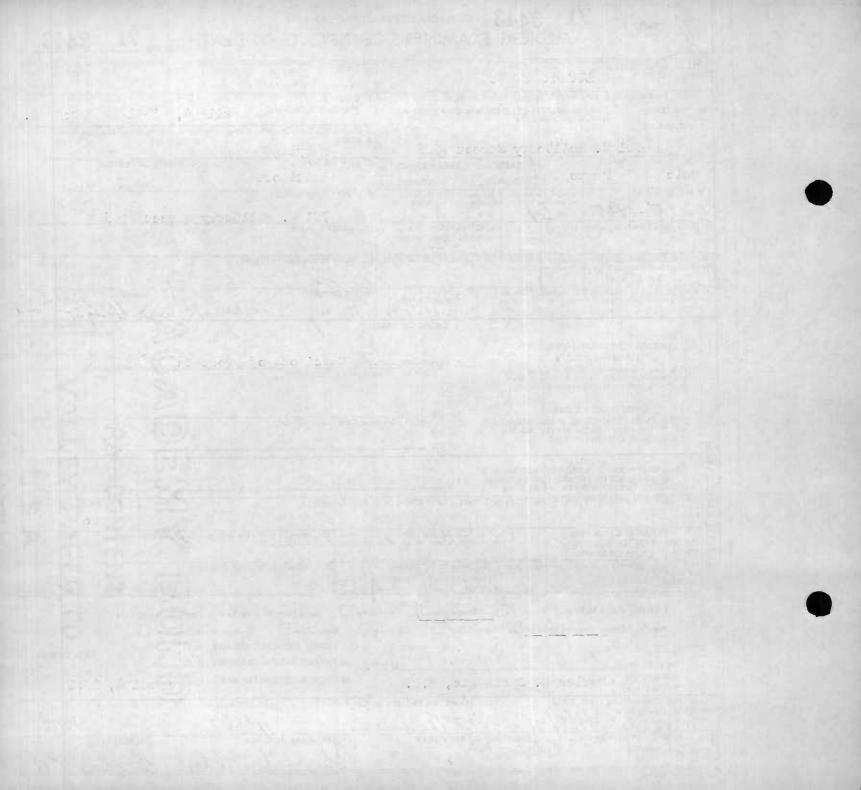
DIRECTOR:

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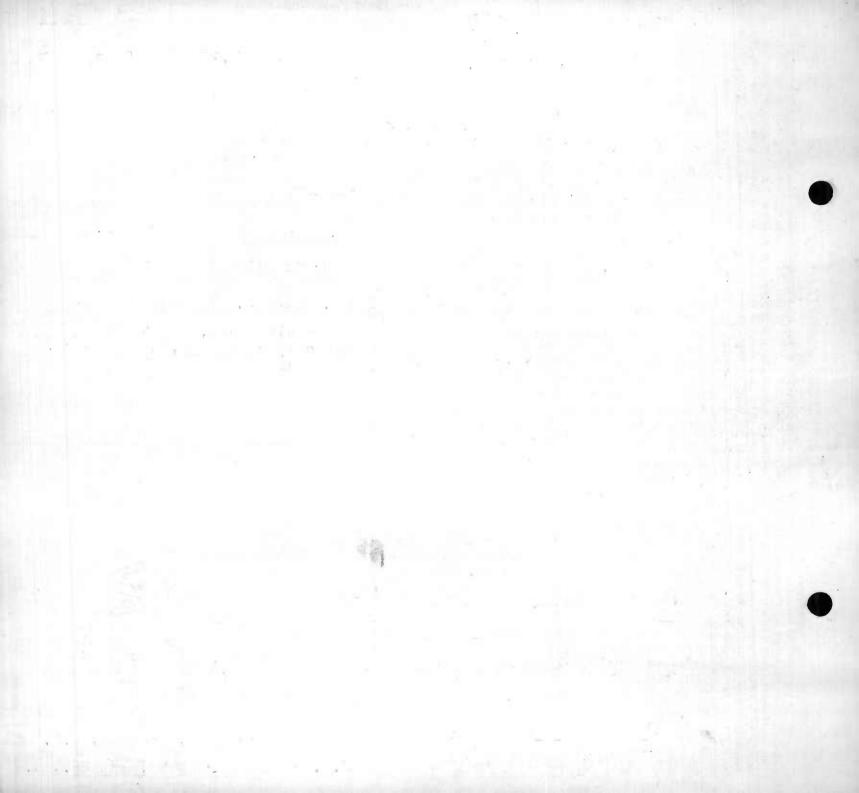
NO



M-300 71 3443 BALTIMORE CITY HE	
MEDICAL EXAMINER 5	CERTIFICATE OF DEATH REG. NO. 71 3443
BIRTH NC.	
(Type or Print) LUTHER MOODY	2. DATE Known Month Doy Yeor Hour OF DEATH Estimated M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD April 4, 1971 3:40 A.M. 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
701 W. Mullberry Street #205	A. STATE B. COUNTY 4-0
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES X NO [
	E. STREET AND NUMBER 701 W. Mullberry Street #205
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) ADOR OR	Parrie moody
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, negrynknawn)((If yes, give war or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS Balte 200
020-12-474	Mary Mordy-701W. Mulher ST Md
19. / 35 X I CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Carcinoma of prostate
	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION 1455	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
228. PLACE OF INJURY (e.g., home, form, foctory, street, ollic	tn or about 22C. WHERE DID (II in Bolitmore City, give exact location)
T	
OF INJURY (APPROX.) MILEAT NOT WORK AT W	WHILE ORK
23. I certify that I held on Inquiry Inspection X Au	topsy and that on this basis, death in my opinion
resulted fram: Natural causes X Accident Suicid	
ACTUAL PLANE OF THE PROPERTY O	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER K
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER April 4, 1971
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tawn, ar county) (State)
Durick 7/8/7/ My Clubu	m Balto, ma
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR	25C PUNERAL DIRECTOR ADDRESS ADDRESS BOTT 20 A
YS 151-REV, 7/T/68	min Dallo Ma



BALTIMORE CITY	HEALTH DEPARTMENT
53 71 3444 CERTIFICA	
MENENDEZ, Pedro J.	April 7, 197 1 5 00 p M.
OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY ECQUADOR C. CITY OR TOWN GUAYAQUIL YES NO
ma Hopkins Hospital	E. STREET AND NUMBER 300 CHAMBERS
6. RACE NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1-21-23 9. AGE (In years Months Doys Hours Min.
ccupation(Give kind of work 108, KIND OF BUSINESS OR INDUSTRY to working life, even if relired) Government	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ecuador
ro J. Menendez	Rosario Gilbert
sed Ever in U. S. Armed Foices? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
CAUSE OF DEAT	
s nat mean the mode of dying, e.g., we, osthenia, etc. It means the disease, camplication which caused death.)	Hepatic failure, metastas sis 2-3mo.
ANTECEDENT CAUSES OR CONDITIONS, if ony, giving DUE TO, OR AS The above couse (A) stating the ING CONDITION lost. (C)	A CONSEQUENCE OF:
II NIFICANT CONDITIONS CONTRIBUTING EATH BUT NOT RELATED TO THE TERMINAL R CONDITION GIVEN IN PART 1 (A).	
OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
DENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., home, loim, foctory, street, o etc.)	in as about 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
(Month) (Doy) (Yeo) (Hour) 21E, INJURY OCCURRED While At Not While At Work	2/2 2/4 4/4
ify that (1) (this haspital) attended the deceased fromwe) last saw the deceased alive an	19 7 and that in (my) (aur) apinian death accurred an the date
CLAN'S (PULL PHY ELEGREE Phy ELTYPE)	anding Med. Shoff X
glas L. Hurley, MD GEGREE REMATION, 24B. DATE 24C. NAME of CEMETERY of CR L (Specify)	
-Burial 4-8-71 General Cod By Health Dept. 256 Name OF REGISTRAR	Guayaquil, Ecuador, S.A. 25C. FUNERAL DIRECTOR ADDRESS H.W. Jenkins & Sons Co., Balto., Md.
/1/68	



IMPORTAN

DIRECTOR:

FUNERAL



REFIRED TRILOR CLOTHING

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WAR BALL ON WALE LINES

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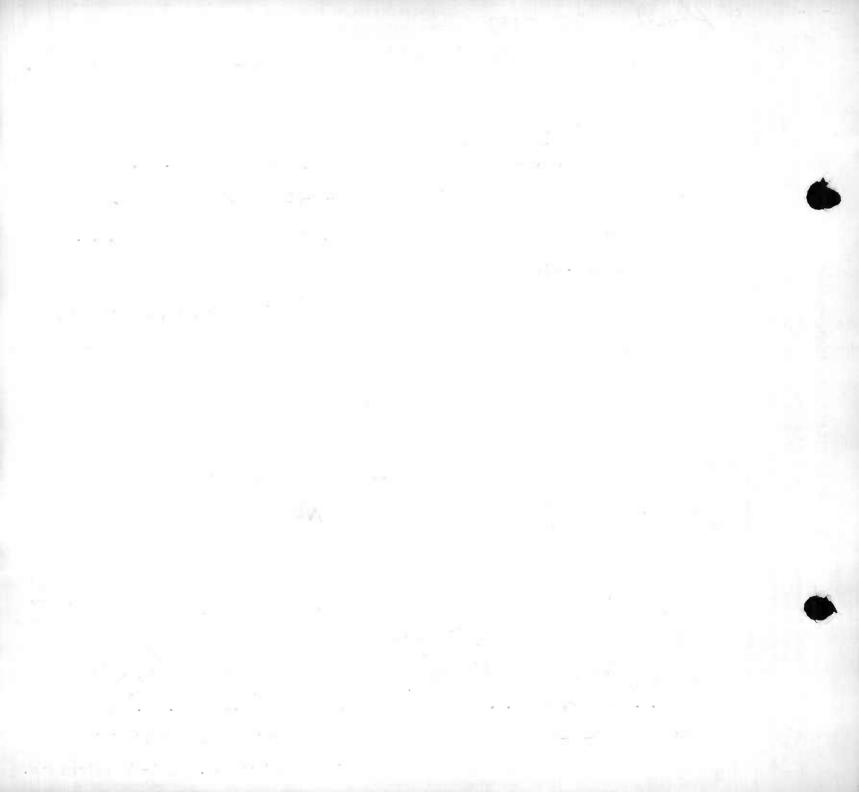
DIRECTOR:

FUNERAL



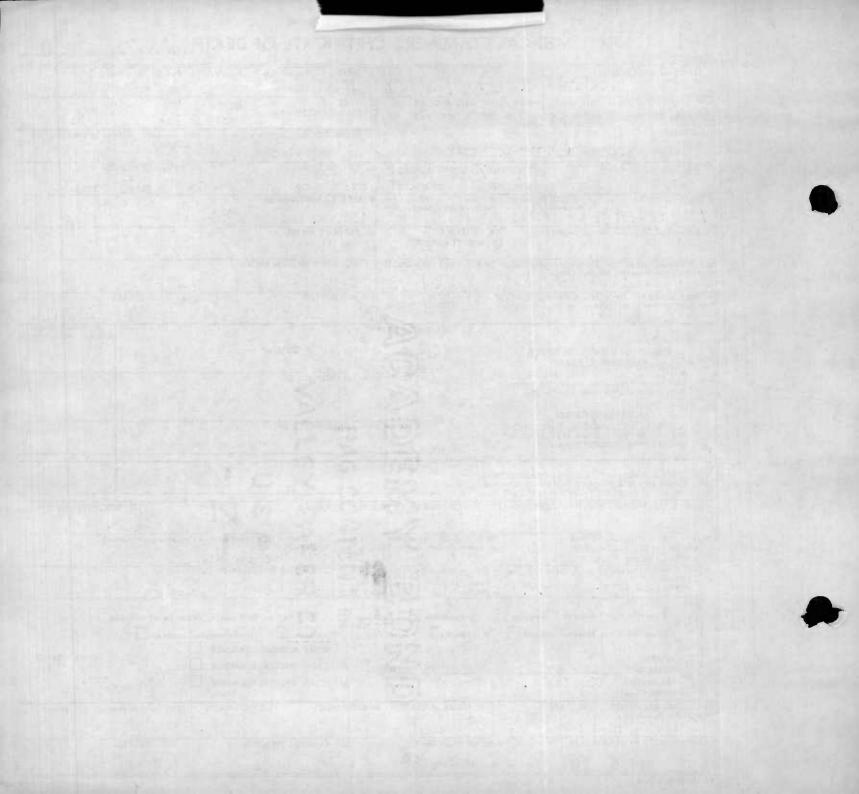
in Home sense 1968

H-400 BIRTH NO.	71 3449		HEALTH DEPARTMENT	REG. NO	71 3449	
1. NAME OF DECEA	U. Robert Jan	ES ROBERT HILL	2. DATE	AND HOUR OF DEATH	8:03	p. M
FULL NAME OF HOSPITAL OR INSTITUTION	GIF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	JTION, GIVE STREET	A. STATE B. COL Maryland	JNIT	institution: residence before ad	mission)
3/	Baltimore City Ho 4940 Eastern Aver Baltimore, Maryla	nue	Baltimore E. STREET AND NUMBER 412 S. Dunc	an St. Balto.	YE\$√⊠X NO □ Md . 21231	
Male	White WIDOWED!		8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. If Under Months Days Haurs	24 Hrs. Min.
done during most of war unemplo 13. FATHER'S NAME		BUSINESS OR INDUSTRY	West Virgini 14. MOTHER'S MAIDEN N	.a	U.S.A.	DUNTRY?
	oseph B. Hill or in U. S. Armed Forces? yes, give war or dalas of service)	1 6. SOCIAL SECURITY NO.	Martha Cl 17. INFORMANT BCH RECORDS:	4940 East	ADDRESS ern Avenue Maryland 2122	
(This does not heart failure, as injury or compliant AN DISEASES OR is to the UNDERLYING C	OR CONDITION DIRECTLY ADING TO DEATH mean the mode of dying, e.g., thenia, etc., if meons the disease, calian which coused deoth.) TECEDENT CAUSES CONDITIONS, if any, giving above couse (A) stoling the CONDITION lost.	(B) HELL DUE TO, OR AS (C) HS	SE CUNDUC SA A CONSEQUENCE OF: LE MYSCANDLE A CONSEQUENCE OF: CV)	hock	APPROXIMATE IN SETWEEN ONSET AN	DEATH
DISEASE OR CON 19A. DATE OF OI 21A. ACCIDENT	SUT NOT RELATED TO THE TERMINAL DITION GIVEN IN PART 1 (A). PERATION 19B. CONDITION FOR WAS PERFORMED WAS UNDERLYING 21B.	HICH OPERATION	20-AUTOPSYT (Yes ar N 27 NO ar obout 21C. WHERE DID fice bldg., INJURY OCCUR?		FINDINGS CONSIDERED USES OF DEATH?	
21 D. TIME (NOF INJURY (APPROX.) 22. I certify the thot (H) (we) last	tanthi (Day) (Year (Haur) 21E, While Work (Ha	INJURY OCCURRED Al Nat While At Work deceosed from 10	21F. HOW DID IN	19	nion death occurred on the	7/ he date
23A. SIGNATURE 25C. PHYSICIAN'S NAME (Type)	Singles , III M.D.	Degree Phys.	ding Med.	Stoff Phys. Dore City Hosp	23R DATE SIGNED 4/6/7/ pitals	
REMOVAL (Spec Burial	TION, 24B. DATE 24C.NAI	DEGREE ME at CEMETERY as CRE	MATORY 24D.		ty, tawn, or county! (S	totel
PR 9 1971 'S 150-REV. 1/1/68	HEALTH DEPT. 258 NAME OF		25C. FUNERAL DIRECTO		Ol-07 Eastern A	ve.



E 350

100		450 ME	DICA	EXA	MINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	71	345	0
	TH NO.											
1. I (Typ	NAME OF DEC	CHARLES	G.		EATON	2. DATE OF DEATH	Known Estimoted	Month	Doy	Yeor	Hour	м.
4.	LACE IN BAL	TIMORE, MARYLAND,	WHERE P	RONOUNC	ED DEAD	3. DATE		Month	Day	Year	Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSP ADDRESS OR LOG	ITAL OR INS	TITUTION, G	SIVE STREET		UNCED DEAD		6,1971	- 1	9:00	P. M.
	33	JOHNS HOPE	KINS H	OSPITA	L	A. STATE	esidence (when Maryland	e decegsed in	B. COUNTY	C -/	17	ision)
6. 5	EX	7. RACE	8. MARI	RIED NE	VER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?		
	Male	Negro	WIDOV	VED 🗆	DIVORCED [Balti			YE	s 🗆	по 🗆	
7. [-/O	H-1938 lost birth	doy) 35	Months D	Yr. If Under 24 Hrs. oys Hours Min.		and number N. Carolii	ne Stre	eet			
11.	BIRTHPLACE (S	state or foreign country		12. CITIZE	N OF COUNTRY?	13. FATHER		Ea	TON			
		PATION (Give kind of wo		OF BUSIN	NESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME 1	7 0 10			
2	RIP K	rorking life even if retired MD 67 E 9-	Nes	taur		^	Narth	19 4	64N9			
16. (Yes	WAS DECEAS	ED EVER IN U.S. ARM	ED FORCE	5?	ECURITY NO.	M CR	Phyllis	EATO	N-153	TN.	aroli	Ne J
	19. E G/	EV			CAUSE OF DEA	TH					PROXIMATE IN	
	DISEAS	E OR CONDITION DIR	RECTLY		Gunshot	wounds	of trunk			WT38	EEN ONSET A	ND DEATH
		LEADING TO DEATH			(A)IMMEDIATE	AUSE						
	heart loilure	ot meon the mode of , asthenia, etc. It means t nplication which coused o	he diseose,		DUE TO, OR	AS A CONSEC	UENCE OF:					
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						QUENCE OF:					
Z	UNDERLYIN	NG CONDITION LAST			(c)							
CERTIFICATION	TO THE DEA	II IIFICANT CONDITIONS ATH BUT NOT RELATED T CONDITION GIVEN IN	O THE TERM	INAL								
CERT	20A. DATE OF	OPERATION 208. CO	NOITION	FOR WHIC	H OPERATION W	AS PERFORA	NED				PSY? (Yes o	r No)
4	22A. EXTER	NAL CAUSE WAS		228 PLACE	OF INJURY (In or about 1	2C WHERE DID	(II to Dolstman	o City about and	yes		
MEDICAL	UNDERLYING UTING CA	₩OR CONTRIB- USE OF DEATH.		home, form	Lounge	e bidg., etc.) I	1201 Potor	nac Str	reet	84	3	
	OF INJURY				T OCCURRED NOT	WHILE	2F. HOW DID IN					
	(APPROX.) 4	-0-/1 I	P.M.	m. WHILE	L AT W	ORK 🔛	Shot durin	ng alte	rcation			
		ify that I held an				tapsy 🔽	ond that on the					
	result	ted from: Natural co	uses	Accide	nt Suicle	I•	micide 🗴	Undetermin	red manner]		
	ACTUAL	60.1	0 1		. 1		CHIEF MEDICAL E				DATE SIGN	NED
	SIGNATI	URE Man	XV.	SA	wiga M.D	. ASSI	STANT MEDICAL E	XAMINER	X			
	EXAMINE (T		S. S	pringa	te, M.D.	ASSC	CIATE MEDICAL E	XAMINER		4/7	/71	
	BURIAL CREA	MATION, 248. DATE	0-71	24C. NA	ME of CEMETERY	Mem .	Par (24D.	LOCATION	(City, town,	or county)	(Star	te)
25/	. DATE REC'D	BY HEALTH DEPT.	258. N	IAME OF R	EGISTRAR	1 1	FUNERAL DIRECTO	OR _	AD	DRESS	120	h/.
	ΔΕ	PR 9 1971	-	-	Ber, M.D.	E	Lhioth	- Fun	eral 1+	me-1	Jaro!	ING J
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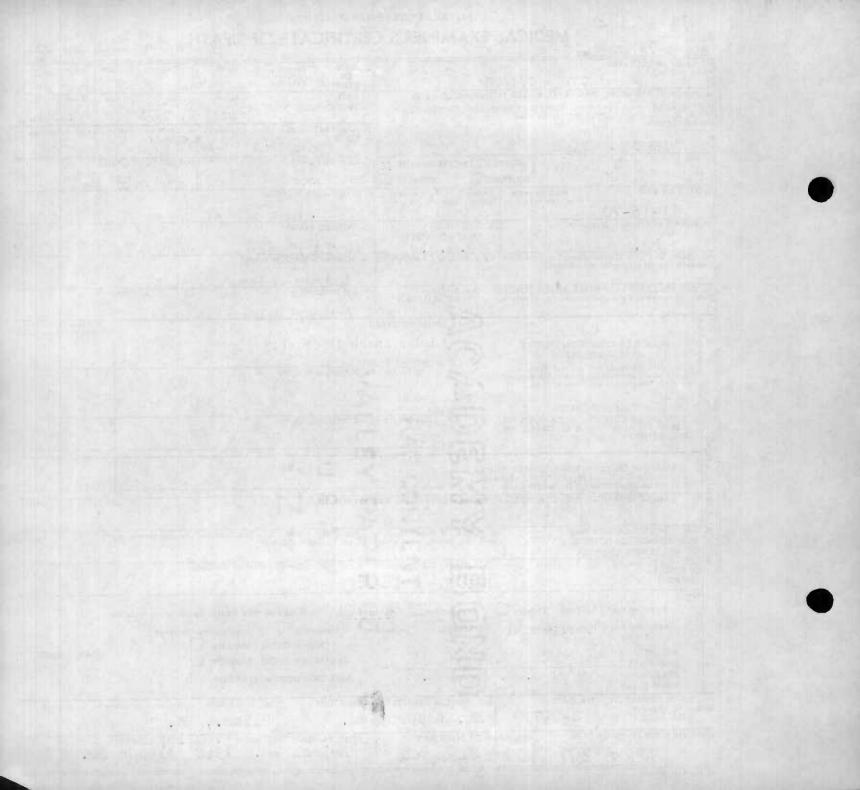
FUNERAL DIRECTOR:

525	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 71 3451		TE OF DEATH	REG. NO.	71 3451
1. NAME OF DECEASED			D HOUR OF DEATH	7 0401
(Type or Print) /da G. Johnson	20	4-5		1 803
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	NCED DEAD	4. USUAL RESIDENCE (Where	deceased lived If ins	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OF INSTITU	7	A. STATE B. COUNT	14	19-01
FULL NAME OF (IF NOT IN HOSPITAL OF INSTITUTION ADDRESS OR LOCATION)	THON, GIVE STREET	C. CITY OR TOWN	o thisin	DE CITY LIMITS?
24		Baltimore	D. IIVSIC	YES NO T
27		E. STREET AND NUMBER		153 70
		1419 W. My	1hermy 5	5+.
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH 9	. AGE (In years)	If Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.
Female Negro WIDOWED		2-18-00	64 US	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even il retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at loveig	n country)	12. CITIZEN OF WHAT COUNTRY?
		Mary.	land	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
West Isaac		Rach	el Brown	
15. Wes Decessed Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war ar dates of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	216-20-9820	A Mary Ayers	223 N.	Calhoun St.
18.410.0	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	N		1	DETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	Hy reard or	1 agelus	n Minut
heart lailure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO, OR AS A	CON EQUENCE OF:		
ANTECEDENT CAUSES	1	0 116		
DISEASES OR CONDITIONS, it any, giving	(B)	A CONSEQUENCE OF:		- VAC
rise to the above cause (A) stating the	1.0)
UNDERLYING CONDITION last.	(c) U50	onay hom	1 van	
z			+ +	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208 15 756 11156 51	
WAS PERFORMED WAS PERFORMED	men orthanon	TOO WO TO LOT LIVER OF IVE	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
The state of the s	LACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(if In Baltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF home etc.)	, form, factory, street, offi	ce bldg., INJURY OCCUR?	(ii iii odiiiiiore	city, give exact location;
Q 21D-TIME (Month) (Dayl (Year) (Hour) 215	NJURY OCCURRED	21F. HOW DID INJU	- V 0 C 0 L 1 M	
S OF INJURY (APPROX) While			KT OCCUR?	
Work	At Work			
22. I certify that (I) (this hospital) attended the			71 10 4	197/
that (I) (we) last saw the deceased alive on			in(my) (our) apini	an death accurred an the date
ond haur and from the causes stated above. (1)	(We) (did) (did not) vi	ew the body ofter death.		
23A. SIGNATURE	4			3R DATE SIGNED
() Lave	DEGREE Phys.	ding Med. S	hoff hys.	
23 C. PHYSICIAN'S NAME (Type)		D. ADDRESS		
	DEGREE			
24A- BURIAL CREMATION, 24B. DATE 24C.NA/	ME el CEMETERY er CREA	MATORY 24D. LO	CATION (City.	town, or county) (State)
Burial 4-8-71 Che	ews Chapel (Cem. Owi	ingsville,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	/.Bailew	ADDRESS
APR 8 1971 Pale E. 4	awer, 1.4	Kelson F.H.	1348 Cal	houn Street
VS 150-REV. 1/1/68				

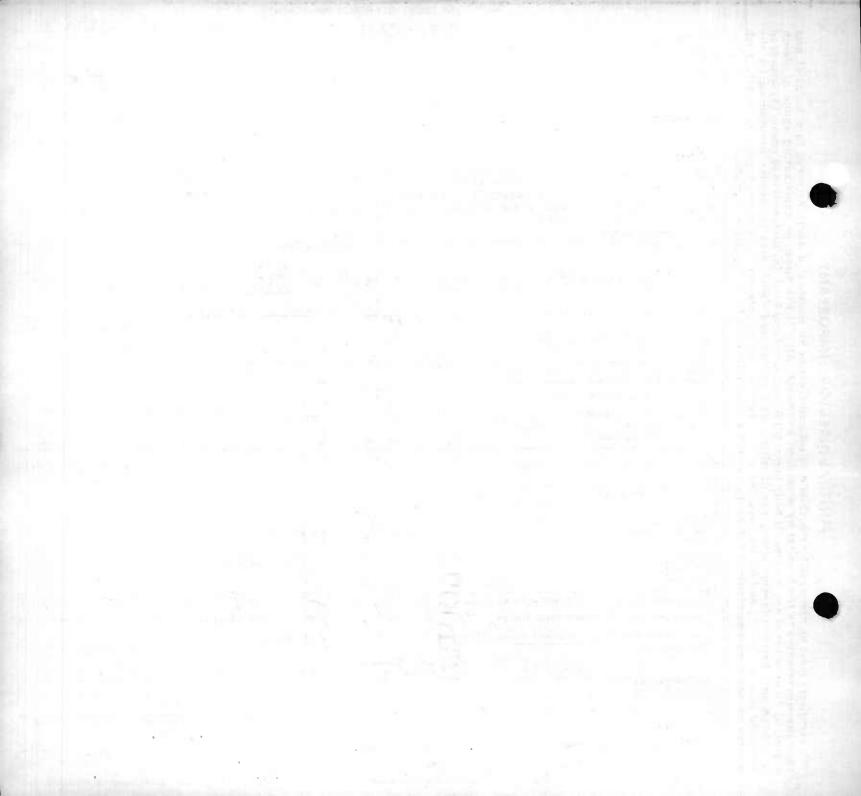


BALTIMORE	CITY	HEALTH	DEPA	DTMENT
DULLINIOKE	C11 1	HEALIH	DELM	KIMENI

MEDICAL EXAMINER'S CERTIFICATE OF DEA	TH REG NO 7/1 2450
NAME OF STREET	KEG. NO. 14 5456
1. NAME OF DECEASED (Type or Print) A NITIONATE NAME OF DECEASED OF Month	Doy Year Hour
ANTONIO MALONE DEATH Estimoted	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD	Doy Year Hour
HOSPITAL ADDRESS OR LOCATION) ADTI	1 6, 1971 8:45 P.,
OR INSTITUTION 5. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission)
LUTHERAN HOSPITAL Maryland	B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED Baltimore	
9. DATE OF BIRTH 10.AGE (In years # Under Yr. Under 24 Hrs. E, STREET AND NUMBER	YES X NO
losi birthday) Manths ; Doys ; Hours ; Min.	
11-15-70 4 1 1 1312 N. Mount Stree	t
WHAT COUNTRY?	
Md. David Flythe	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)	
Audrey Malone	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL 118. INFORMANT	ADDRESS
19. 79 K . CAUSE OF DEATH	Same APPROXIMATE INTERVAL
	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY Sudden death in infancy LEADING TO DEATH	
(This does not mean the made of dylon and	
heart follure, osthenia, etc. li meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
LUNDERLING CONDITION TAST	
COMMENT OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	THE RESERVE OF THE PARTY OF THE
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
0/1	Zi. Adiorsty (teres ite)
≥ 22A. EXTERNAL CAUSE WAS 22B, PLACE OF INITIRY(e.g., In or chart) 22C WHERE DID (16 in Seltion	yes
O UNDERLYING OR CONTRIB. home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	tore City, give exoct location)
□ UTING □ CAUSE OF DEATH. 22D. TIME (Monih) (Day) (Year) (Hour) 22F INITIAL OCCUPRED 225 HOW DID INITIAL OCC	
OF INJURY	CUR?
(APPROX.) MILE AT NOT WHILE AT WORK	
23.	
I certify that I held on Inquiry Inspection Autopsy and that on this basis	, death in my opinion
resulted from: Natural causes 🗵 Accident 📗 Suicide 🔲 Hamicide 🔲 Undeterm	nined monner
CHIEF MEDICAL FXAMINER	
SIGNATURE Charles J. Sermsating ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EVALUATION Charles C. Comments M.D.	
NAME (Type) EXAMINER'S GHATTES S. SPRINGATE, M.D. ASSOCIATE MEDICAL EXAMINER	4/7/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION	N (City, town, or county) (State)
REMOVAL Specify)	(0.0.0)
Date.	
77 7	Bailey ADDRESS
APR 8 1971 Beat E. Faiber, M.D. Kelson ft. 131	48 Calhoun St.
VS 151-REV. 1/1/6B	7

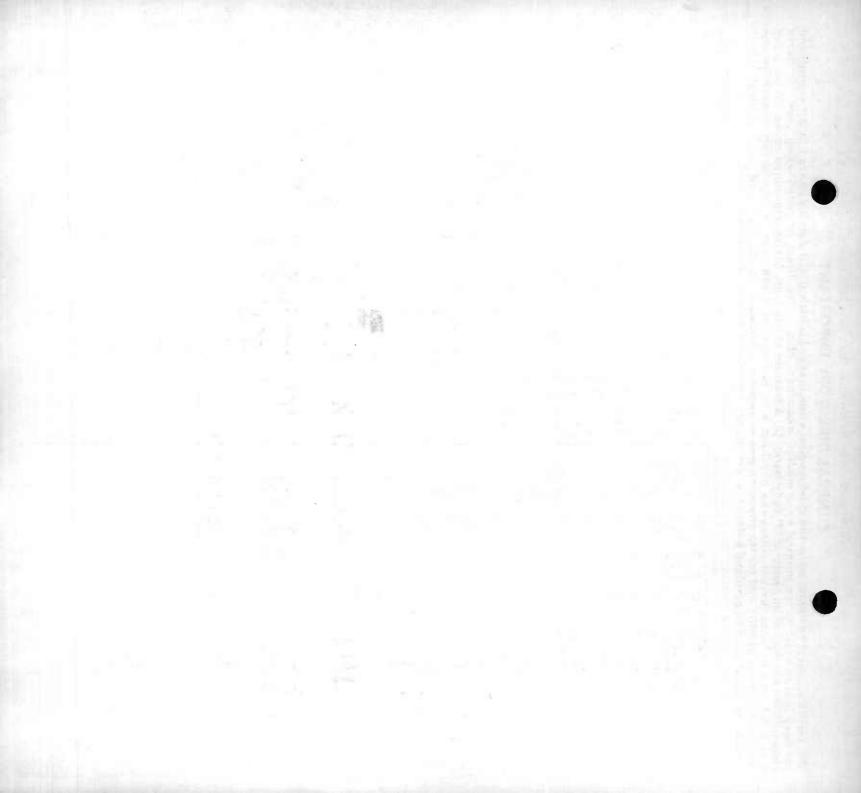


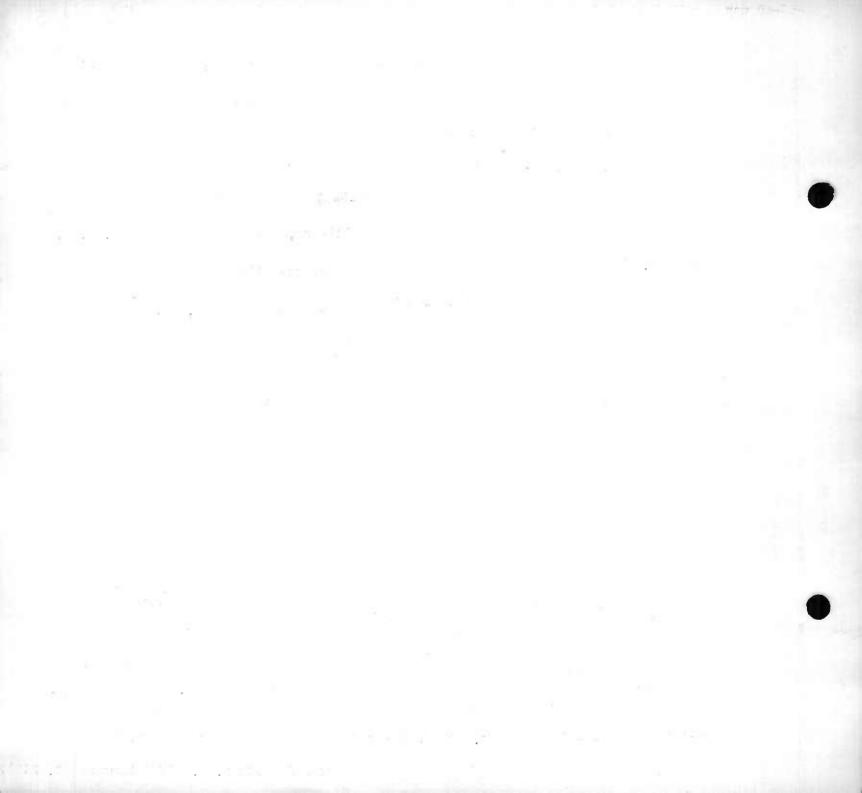
VS 150-REV. 1/1/68



Wellenton

	71	2454				REG. NO.	71 3154
1.NA	H NO.	1	CERT	IFICATE			
(Type	or Print)						The same of the sa
2 04		3re, Clinto		114	HELLAL RESIDENCE IN	-6-11 12	pm
FULI	L NAME OF	ALTIMORE, MARTLAND, WHERE FRONOUNCED DEAD F GF HOT IN HOSTITAL OR INSTITUTION, GIVE STREET ADDRESS ON IOCATION F GF HOT IN HOSTITAL OR INSTITUTION, GIVE STREET ADDRESS ON IOCATION B JOHNS HOPKINS HOSPITAL COUNTY MATPLIAND COUNTY MATPLIAND COUNTY MATPLIAND COUNTY ON HOSPITAL COUNTY MATPLIAND COUNTY ON HOSPITAL AND HOSPITAL COUNTY ON HOSPITAL COUNTY ON HOSPITAL COUNTY ON HOSPITAL AND HOSPITAL COUNTY ON HOSPITAL COUNTY ON HOSPITAL AND HOSPITAL COUNTY ON HOSPITAL COUNTY ON HOSPITAL COUNTY ON HOSPITAL AND HOSPITAL COUNTY ON HOSPITAL COUNTY					
INST	กับกิดทั้	ADDRESS OR LOCA	CERTIFICATE OF DEATH CATE AND HOUR OF DEATH CALL CA				
3.	3The	Johns Hopk	ins Hospital	€.			t
5. SE	X 6	RACE	7- MARRIED X NEVER MAR				Months Days Hours
	le					45	
			108 KIND OF BUSINESS OR I	INDUSTRY 11.	BIRTHPLACE (State or	oreign country)	12 CITIZEN OF WHAT
-	during most of we		Reid Constr	0	reenville	S C	II C A
	ATHER'S NAM		Tanada dollact.	14.	MOTHER'S MAIDEN	NAME	1 U.S.A.
			107 40 40	2.0			APPAREE
(Yes,	no or unknown)	if yes, give war or date	s of service) SECURITY N	NO.			
2	10		247-24-2	2819 M	rs. Bernice	Ware 827 E.	Chase St. 2120
non	heart failure, a Injury or comp AI DISEASES OR rise to the UN DERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	sthenia, etc. it means lication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. Il CANT CONDITIONS CO BUT NOT RELATED TO TO NOT RELATED TO TO TO DITION GIVEN IN PAR	any, giving stating the (C)	10, OR AS A C	ONSEQUENCE OF:	No) 208, IF YES, WE	RE FINDINGS CONSIDERED
CERTIFIC	21 A. A. C. CIDENT DR. CONTRIBUT	WAS UNDERLYING	218 PLACE OF INJ	URY (e.g., in or , street, office			
CAL CERTIFIC	DEATH (notify a	medical examined	e(c ₂)		obout 21 C. WHERE DIE bidg., INJURY OCCUR) (il in Bolti	
AEDICAL CERTIFIC	DEATH (notify a 21D. TIME OF INJURY	medical examined	(Houe 21E INJURY OCCU	URRED	obout 21C. WHERE DID bidg., INJURY OCCUR 21F. HOW DID) (il in Bolti	
MEDICAL CERTIFIC	DEATH (notify a 21D. TIME OF INJURY (APPROX)	medical examined (Month) (Doy) (Year)	(Hous) 21E INJURY OCCU While At Work	Not While At Work	obout 21C, WHERE DIE bidg, INJURY OCCUR	(II in Bolti	more City, give exact location)
MEDICAL CERTIFIC	DEATH (notify and property of the property of	medical examined (Month) (Day) (Year) haを仏は(this hospital	(Hous) 21E INJURY OCCU While At Work I) attended the deceased fi	Not While At Work	obout 21C, WHERE DIE bidg, INJURY OCCUR 21F. HOW DID	(il in Bolti	more City, give exact location)
MEDICAL CERTIFIC	DEATH (notify a 21D. TIME OF INJURY (APPROX) 22. I certify t that (IX(we) I	nedical examined (Month) (Day) (Year) hat(H (this hospital ast saw the decease	(Hous) 21& INJURY OCCU While At Work I) attended the deceased fi ed alive an 4/2/	Not While Cat Work 71	obout 21C, WHERE DIE bldg. INJURY OCCUR 21F. HOW DID 730	INJURY OCCUR? 19 71 to (aur) of that in (my) (aur)	more City, give exact location)
MEDICAL CERTIFIC	DEATH (notify a The state of t	medical examined (Month) (Doy) (Year) hat(M) (this hospital ast saw the decease from the causes sta	(Hous) 21& INJURY OCCU While At Work I) attended the deceased fi ed alive an 4/2/	Not While Cat Work 71	obout 21C, WHERE DIE bldg. INJURY OCCUR 21F. HOW DID 730	INJURY OCCUR? 19 71 to (aur) of that in (my) (aur)	4/2 1
MEDICAL CERTIFIC	DEATH (notify a DID. TIME OF INJURY (APPROX.) 22. I certify that (IX (we) I and hour and 22. SIGNATUR	hat (H (this hospital ast saw the decease from the causes sta	(Hous) 216 INJURY OCCU While At Work 1) attended the deceased fi ed alive an 4/2/ sted above. \$1) (We) (did) (3	Not While At Work From 3/ 71 MKDON view Attendin	216. HOW DID 217. HOW DID 218. HOW DID 30 19 and the body after deat Med. Director	INJURY OCCUR? 19 /1 ta that in (my) (our) o	4/2 1
MEDICAL CERTIFIC	DEATH (notify a The state of t	medical examined (Month) (Doy) (Year) hat(H (this hospital iast saw the decease from the causes sta	(How) 21E INJURY OCCU While At I) attended the deceased field alive an 4/2/ ted above. (X) (We) (did) (3/2)	Not While Car Work 2/71 対文的社 view Attendin Phys. 23D.	obout 21C, WHERE DIE bidg. INJURY OCCUR 21F. HOW DID 21F. HOW DID 30 19 and The body after deal	INJURY OCCUR? 19 /1 ta that in (my) (aur) oth.	aplinian death accurred an
MEDICAL CERTIFIC	DEATH (notify a control of injury (APPROX.) 22. I certify that (IX (we) I and hour and 22A. SIGNATUR NAME (Ty) BURIAL CREM	hat (H (this hospital ast saw the decease from the causes state of	(How) 21E INJURY OCCU While At I) attended the deceased field alive an 4/2/ ted above. (M) (We) (did) (given and alive and al	Not While At Work	216. HOW DID 217. HOW DID 218. HOW DID 21	that in (my) (aur) of the Hopkins F	aplnian death accurred an 238 DATE SIGNED 4/0/1/Hospital
WEDICAL CERTIFIC	DEATH (notify a DID. TIME OF INJURY (APPROX) 22. I certify that (IX (we) I and hour and DIA. SIGNATUR 23C. PHYSICIAN NAME (Ty) BURIAL CREM	hatCH (this hospital ast saw the decease from the causes state of the decease of	(How) 21E INJURY OCCU While At I) attended the deceased field alive an 4/2/ ted above. (M) (We) (did) (given and given and gi	Not While At Work	216. HOW DID 216. HOW DID 217. HOW DID 218. HOW DID 21	injury occur? 19 /1 to that in (my) (aur) of the hopkins Hopk	aplnian death accurred an 238 DATE SIGNED 4/0/1/Hospital



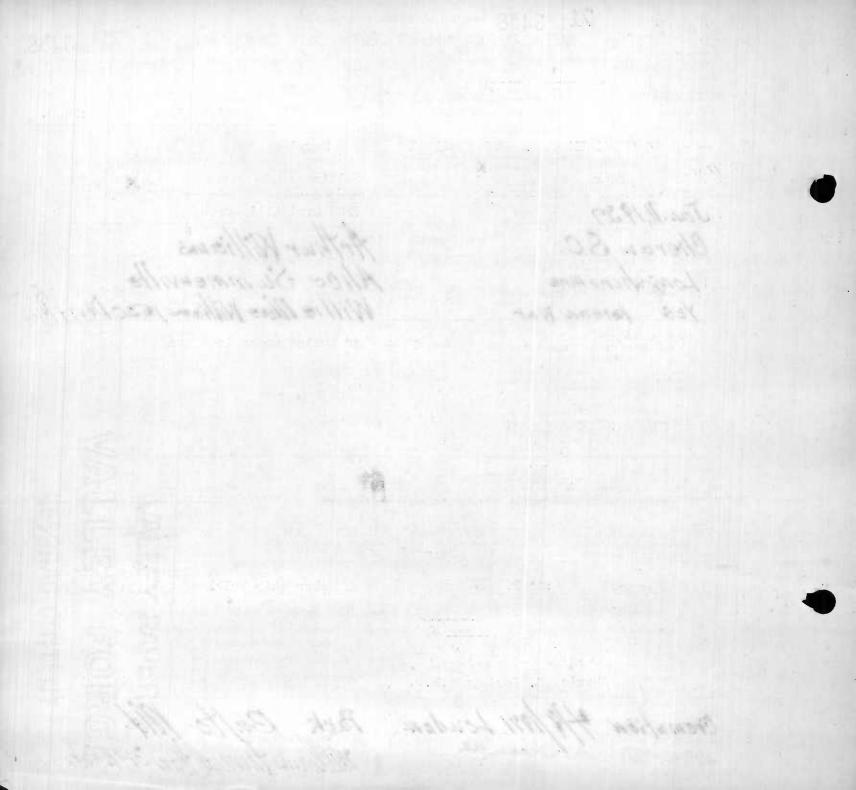


C 71 3456 BALTIMORE CITY HE	ALTH DEPARTMENT
S-530 71 3456 BALTIMORE CITY HEA	CERTIFICATE OF DEATH SCAND 71 3456
BIRTH NO.	KEG. INO.
1. NAME OF DECEASED	2. DATE Knawn Month Doy Year Haur
(Type or Print) GLADYS SMITH	OF DEATH Estimoted . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD April 7,1971 12:50 P
ORINSTITUTION 46 LUTHERAN HOSPITAL	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro widowed Divorced D	Baltimore YES ⋈ NO □
	E STREET AND NUMBER
Sept 30, 1916 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Manths, Doys Hours Min.	2312 W. North
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Md. WHAT COUNTRY?	Robert Henson
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
done during mast of working life, even if retired)	
	Veda Henson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give war ar dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
216-14-2136	Jessie Smith 2312 W. North Avenue 21217
19. 4 1 7 1/ CAUSE OF DEA	TH APPROXIMATE INTERVAL
Arterios	sclerotic cardiovascular disease
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	
heart failure, asthenia, etc. It meons the diseose,	AS A CONSEQUENCE OF:
Injury or complication which caused death.)	
ANYECEDENIA CALICEC	
ANTECEDENT CAUSES (B) DISEASES OF CONDITIONS IS ANY CHAINS	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	non sometagornar or.
I UNDERLYING CONDITION LAST.	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20a. Date of Operation 20B. CONDITION FOR WHICH OPERATION WAS A CONDITION OF THE CONDITION OF TH	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21, AUTOPSY? (Yes or No)
DATE OF OFERANOIS 200. COMBINOTOPOR WHICH OFERANOIS W	
	no
	in ar about 22C. WHERE DID (If in Baltimare City, give exact location) e bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB-	e blog., etc. / illes occor.
22D. TIME (Manth) (Day) (Year) (Haur) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT - NOT	WHILE
(APPROX.) m. WORK AT W	ORK .
23.	
I certify that I held an Inquiry Inspection X Au	
	tapsy ond that on this bosis, death in my opinion
resulted from: Natural causes 🔀 Accident 🗌 Suicid	
resulted from: Natural causes A Accident Suicio	He Homicide Undetermined monner C
ACTUAL ACTUAL Suicident ACTUAL	He Homicide Undetermined monner C
ACTUAL SIGNATURE I had Whather M.D.	He Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER X
ACTUAL SIGNATURE EXAMINER'S RONALD No. Kornblum, M.D.	He Homicide Undetermined monner C
ACTUAL SIGNATURE EXAMINER'S RONald N. Kornblum, M.D. NAME (Type)	Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4/8/71
ACTUAL SIGNATURE EXAMINER'S RONa 1d N. Kornb lum, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4/8/71
ACTUAL SIGNATURE EXAMINER'S RONa 1d N. Kornb lum, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY	Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4/8/71 Or CREMATORY 24D. LOCATION (City, town, or county) (State)
ACTUAL SIGNATURE EXAMINER'S RONa 1d N. Kornb lum, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY	Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4/8/71 Or CREMATORY 24D. LOCATION (City, town, or county) (State)
ACTUAL SIGNATURE EXAMINER'S RONald N. Kornblum, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 25A. DATE RECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4/8/71 OR CREMATORY 24D. LOCATION (City, town, or county) (State)
ACTUAL SIGNATURE EXAMINER'S RONa 1d N. Kornb lum, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY	Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4/8/71 Or CREMATORY 24D. LOCATION (City, town, or county) (State)

that running again. Water with the arts. All arts. All arts. Configuration of the control of the Affile Service Commence of the Artist Comment of the Service of th



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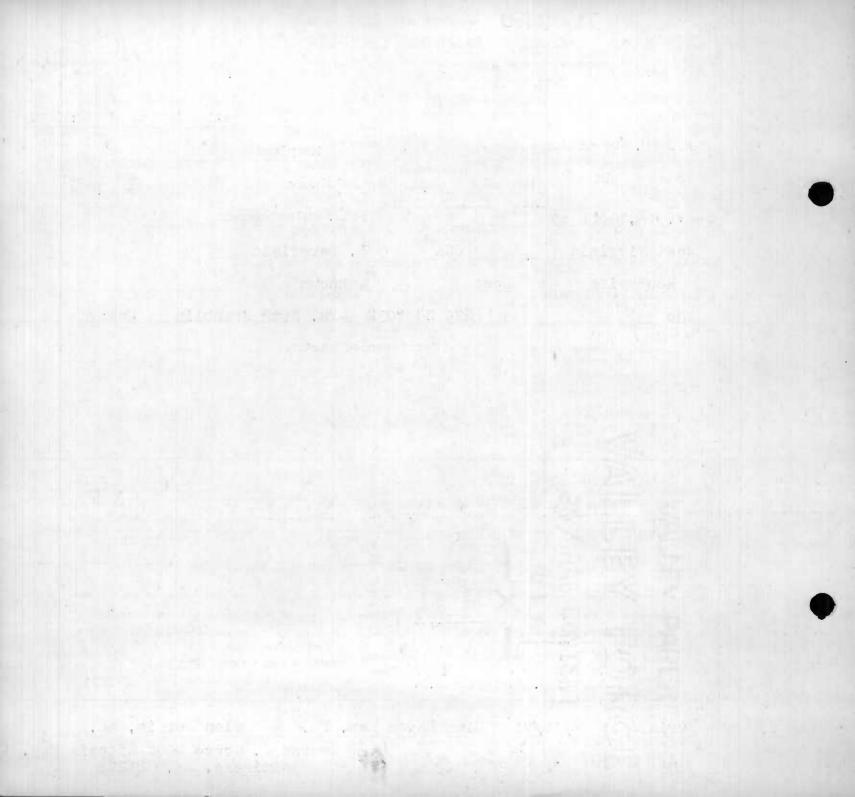
HAUEN NIEM. PR.

25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

SURIAL 7

(5-30	0	71 3 MED			BALTIMORE CITY HE					F DEAT	H REG. NO	Pag.g		
BIR	TH NO.											KEG. NC	11	346	0
	NAME OF DEC	EVA	BELI	L G	OOL	Υ	2.	DATE OF DEATH		nown stimoted	Month	Doy	Yeor	Hour	
4. [LACE IN BAL	TIMORE, MA	ARYLAND, W	HERE PR	ONO	DUNCED DEAD	3.	DATE			Month	Doy	Yeor	Hour	M
HO:	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INST	TITUTIO	ON, GIVE STREET		PRONOL				6,197		8:4	5 P. _M
0	100	. Talb	ot Stre	et				STATE		rylan	re dece osed li	B. COUNTY	on: residence	belore odm	ssion)
6. 5		7. RACE		B. MARR	IED [NEVER MARRIED	C.	CITY OR	TOW	N		D. INSIDE	CITY LIMITS?		
F	'emale	Whi	te	WIDOW	ED [DIVORCED [Balt	imo	re			YES X	NO 🗆	
9. [ATE OF BIRT	H	10. AGE (In	yeors		nder I Yr. II Under 24 Hrs. hs Doys Hours Min.	E.	STREET A	1 DN	NUMBER					1
Se	ept. 16	1.901	lost birthdon	" XQ	Mont	ns i Doys i Hours i Min.		52 3	Ta	lbot	Street		25	-34	
	BIRTHPLACE (S					ITIZEN OF	13	. FATHER'	S NA	ME				1	
	West V	/irgir	nia		٧	VHAT COUNTRY?		L. B	are	efiel	d				
14A	USUAL OCCU	PATION (GI	ve kind of work	4B. KIND	OF I	BUSINESS OR INDUSTR	V 15	MOTHE	R'S M	AIDEN N	AME				
done	during most of v	corking lile, es		н	om	ρ.		Unkn	OWN	1					
	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	?	17. SOCIAL	18	INFORM					ADDRESS		
(Yes	No or unknown)	(II yes, give	wor or dotes	of service)	SECURITY NO. 220 24 1.0	12	Mr	C	Ruth	Shaml	olin	Same		
	19. / - 4	/			_	CAUSE OF DEA	_	A-11	0,	Itu on	Dilaini	77.111	A	PPROXIMATE I	
	1571					Carcino	ma	of r	oct	11m			BETV	VEEN ONSET	AND DEATH
		E OR CONL	DITION DIREC	TILY					CCL	. Cill					
2	heart failure injury or con Al DISEASES (RISE TO THE	osthenio, etchnolication who	IONS, IF ANY	diseose, th.)		(A) IMMEDIATE (DUE TO, OR) (B) DUE TO, OR (C)	45 /	A CONSEQ							
CERTIFICATION	TO THE DEA	ATH BUT NO	II INDITIONS CO T RELATED TO N GIVEN IN PA	THE TERM											
ERT					FOR	WHICH OPERATION W	AS	PERFORM	ED				21. AUTO	PSY? (Yes	or No)
O	0													no	
EDICAL	22A. EXTER UNDERLYING UTING CA		VTRIB-		22B. F home	PLACE OF INJURY (e.g., , form, foctory, street, offic	in e bl	or obout 2 dg., etc.)	2C. W	HERE DID Y OCCUR?	(If in Boltimo	re City, give e	xoct locotion)		
Σ	OF INJURY	(Month) (Doy) (Year) (Hou	′	ZE.INJURY OCCURRED			2F. H	OW DID I	NJURY OCC	UR?			
	(APPROX.)					/HILE AT NOT									
		URE Cha	Natural cau	J.	A (Inspection & Au coldent Suicio Suicio Management	- 1	ASSI:	omicio CHIEF STAN	de MEDICAL T MEDICAL	this basis, Undetermi EXAMINER LEXAMINER LEXAMINER	deoth in m		DATE SIG	NED
	A. BURIAL CRE/	MATION,	24B. DATE		24	C. NAME of CEMETERY	or	CREMATO	ORY	240	LOCATION	(City, to	wn, or county) (St	ote)
	Burial		4/1.0	/71.		Glen Haven	M	em.	Pk.	-	Gler	Burn	ie, Mo	d.	
25/	A. DATE REC'D			258. N		OF REGISTRAR				RAL DIREC			ADDRESS		U
	APR	8 197	T Pos	38	32	Ben M.D.	c.		COI		imore.	e 400	21 22	chie 5	Hgy



	11				BALTIMORE CITY	HEALTH DEPARTMENT		1-1.4	0.01
BIRT	7-400 H NO.		71	3461	CERTIFICA	TE OF DEATH	REG. NO	71	3461
	AME OF DEC	EASED				2, DATE	AND HOUR OF DEATH		
				HOWELL			IL 5, 1971		м.
3. P	LACE IN BAL	TIMORE, M	ARYLAND, V	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W. A. STATE 8. COL		institution: res	idence before odmission)
HO	L NAME OF SPITAL OR TITUTION	()F NO	OT IN HOSPIT RESS OR LOC	AL OR INSTITU	TION, GIVE STREET	Maryland c. CITY OR TOWN Baltimore	D. INS	SIDE CITY LIN	7-02 IIIS?
0	0	1319	Madi	son Ave	enue	E. STREET AND NUMBER	on Avenue		
5. S	EX	6. RACE		7. MARRIED	NEVER MARRIED 🔽	8. DATE OF BIRTH	9. AGE (In years	If Under	1 Yr., If Under 24 Hrs.
F	emale	Cold	ored	WIDOWED		9-23-1903	lost birthday)	Months	Doys Hours Min.
	USUAL OCC			108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZE	N OF WHAT COUNTRY?
	Domest		even ii tomou;			C+ D011	27 6	**	C7 7\
	FATHER'S NA					St. Paul.	AME		No. Co.
		D/	ahert	Howell					
	XXXXXX	XXX			• 4	Unknown			
Yes,	Nos Deceosed , no or unknown	(If yes, give	S. Armed Fo	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	no		-	1	212-46-4603	Robert Ree	se - 1515	Popla:	r Grove
	18. 4/17	2	1		CAUSE OF DEAT	Н			APPROXIMATE INTERVAL
	11/2	SE OR CO	NDITION DI	RECTLY	Hy perte	usuil Cardio Va	saulor dis	less BE	TWEEN ONSET AND DEATH
			TO DEATH		(A) IMMEDIATE CAL	ISE /			unklasomer.
				dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:			
			vhich caused	the disease, deoth.)					
		ANTECEDE	NT CAUSES		1570	ett itis	Englis s. O		"
	DISEASES	OR COND	ITIONS IF	ony, giving	(8)	authentis 6	- gea	•	
	rise to th	e above	couse (A)	stating the					
	UNDERLYIN	G CONDIT	ION last.		(c)				0 47 10 10 10 10 10 10 10 10 10 10 10 10 10
-			II						
ATION				NTRIBUTING THE TERMINAL	04	-			
	DISEASE OR C	CONDITION	GIVEN IN PAI	RT 1 (A).	man				
ERTIFIC	Now		WAS PER		HICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CA		
3	1			1000					
	21 A. ACCIDE OR CONTRIBI DEATH (notify	UTING [] C.	AUSE OF	21B. home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE DID thice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give	exoct location)
ā	21 D. TIME	(Month)	(Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
Z	OF INJURY (APPROX.)				e At Not While				
li L		A V		Worl			. 6 11		
11 1						2021,1	1964 to m		
	that(U) (we)	lost saw	the decease	ed olive on	musel ?	2 19 7/ and	that in (my) (aur) ap	inian death	accurred on the date
	and haur an	d fram the	couses sta	ted abave. (1)	(We) (did) (did nat)	view the bady after death	10		
	23A. SIGNATI			4				23 B. DATE	
	poet	alte	unes	uf lan	9 Phy	ending Med. Director	Staff Phys.	8 00	il 71
	23C, PHYSICIA	AN'S			DEGKEE	23D. ADDRESS	1.0		
	NAME (Гуре)				university,	Hospital,	Batt	med.
24A	. SURIAL CRE		248. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	City, town, or	county) (Stote)
F	urial		4-9-71	M	t. Auburn	В	altimore,	Maryl	and
25A		BY HEALT		258 NAME 0		25C. FUNERAL DIRECT		-	ADDRESS
A	PRI	1071	JaBech &	" The Beis	A. 4 1 1 1 1	Mary-Eliza	beth Law	802 N	adison Ave
VS I	150-REV 1/1/	68	7						

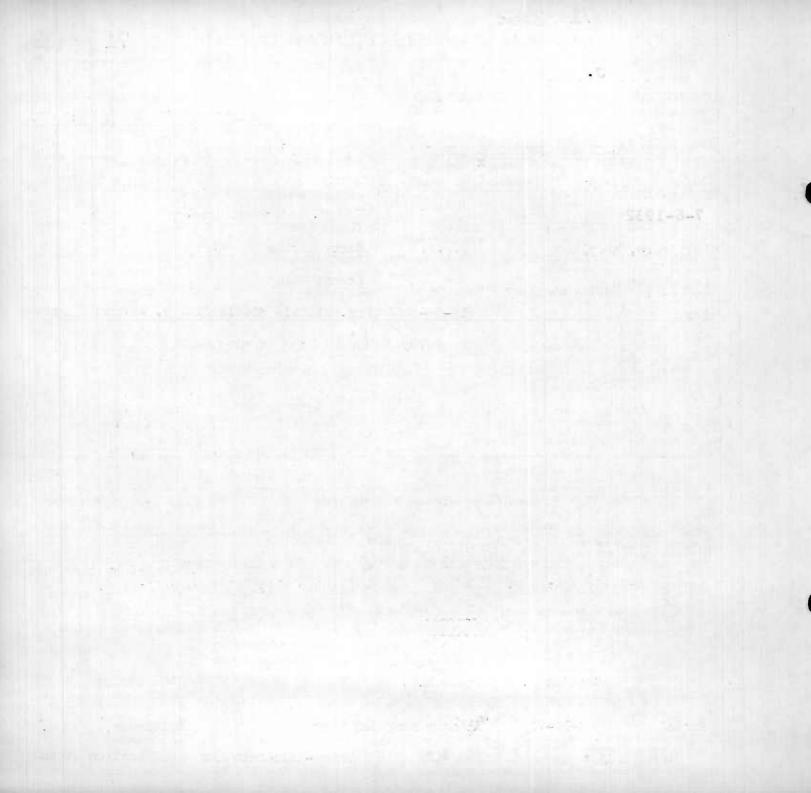
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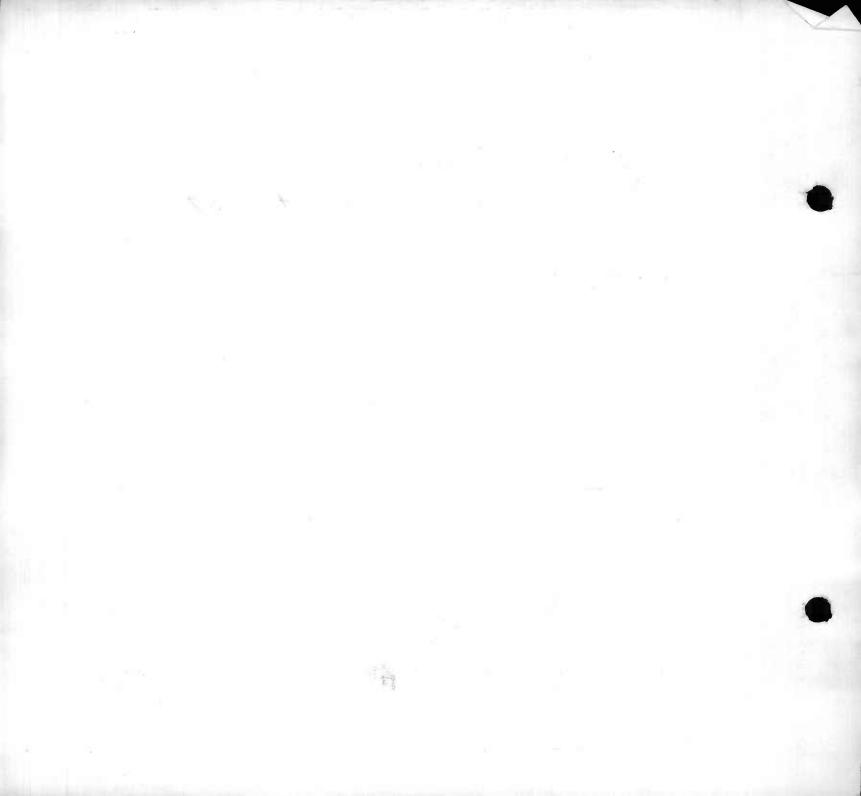
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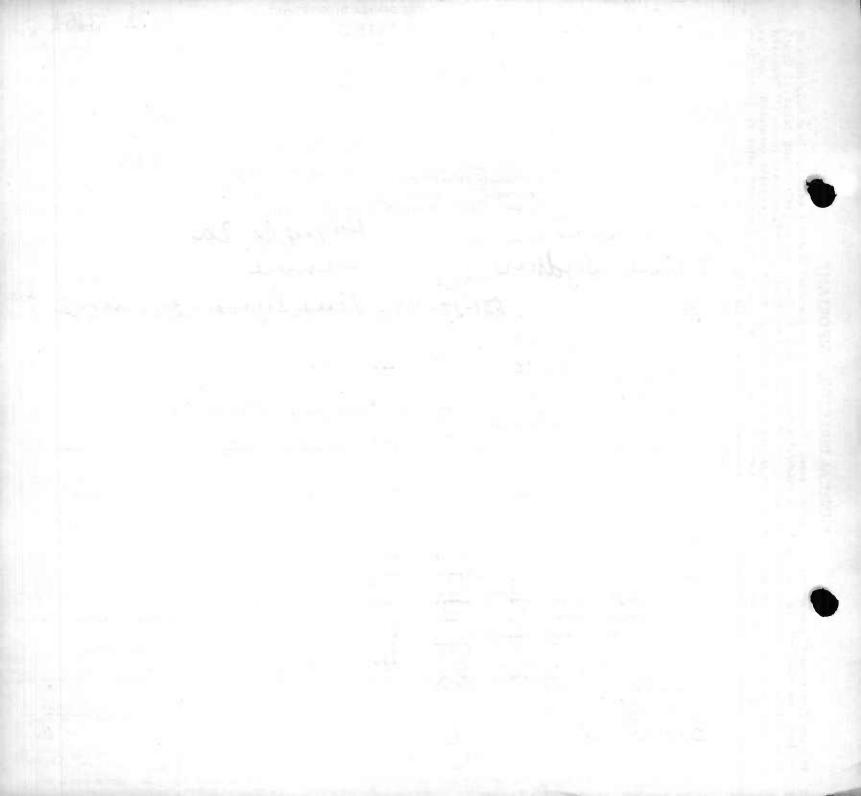
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approved must be obtained before the remains are emplaned or final in the deceased prior to death. Such

	T-425 71 3463		HEALTH DEPARTMENT	REG. NO.	71 3463
	I.NAME OF DECEASED	CERTIFICA		ND HOUR OF DEATH	
	(Type or Print) Mary Tolson		Z DATE A	SIL IN I	1 11 16 4
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (WHE	ere deceased lived, if institu	ution: residence before admission)
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET	C. CITY OR TOWN	and	14-02 CITY LIMITS?
	48 Maryland General +	for	E. STREET AND NUMBER	more YI	ES NO
9	1	100	15/40	Grand H.	11 ane
is mad	F WIDOWED D	DIVORCED 8	2/9/14	9. AGE (In years III	Under 1 Yr. If Under 24 Hrs. Conths Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSH	NESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	2. CITIZEN OF WHAT COUNTRY?
disposition	13. FATHER'S NAME		M	myland	U.S. A
8		ľ	4. MOTHER'S MAIDEN NA	ME	
	Samuel S. Johnson 15. Was Deceased Ever in U. S. Armed Forces? (Yes.no or unknown) [lif yes, give wor or dotes of service) 5.	OCIAL	Annie Brown		
<u> </u>	(Yes, no or unknown) (If yes, give wor or dates of service) S	ECURITY NO.	Stores & Ma	12100	ADDRESS
	18. 5 7 / 3	CAUSE OF DEATH	o vewart in	noo 191X	Drivid Hill
5	DISEASE OR CONDITION DIRECTLY		P	ć	APPROXIMATE INTERVAL . BETWEEN ONSET AND DEATH
E	CEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUSI	E NEUMO CONSEQUENCE OF:	nie	unknown
BOLL	heal follure, asthenia, etc. It means the disease, injury or complication which caused death.)		CONSEQUENCE OF:	0:	1
0	ANTECEDENT CAUSES	(B) C(rhosis o	1 huen	un Known
5	DISEASES OR CONDITIONS, it any, giving rise to the obove cause (A) stoling the	DUE TO, OR AS A	CONSEQUENCE OF:	,	**************************************
	UNDERLYING CONDITION last,	(c)	***************************************		
Lem .	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1				
9	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FIND	DINGS CONSIDERED
	WAS PERFORMED		No	IN CERTIFYING CAUSES	OF DEATH?
– 11	OR CONTRIBUTING CAUSE OF home, form	OF INJURY (e.g., In a foctory, street, offic	or obout 21C, WHERE DID to bldg., INJURY OCCUR?	(If In Bollimore Cit	ty, give exect location)
	S lot wankt	RY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
5	(APPROX.)	At Work			
5	22. 1 certify that (1) (this hospital) attended the dec	eased from	\$/51	97/_to	4/6 19.7/
	that (1) (we) last saw the deceased alive on	4/6	19	, ,	death occurred on the date
	and hour and from the causes stated above. (I) (19)	(did) (did not) vie	w the body ofter deoth.		
	23A. SIGNATURE	M.D. Attend	ing Med.	Shaff 23 B.	DATE SIGNED
	23C.PHYSICIAN'S NAME ITypel	DEGREE (FITYS.		Phys.	2/6/71
	NAME ITypel	M.D.	M P	16 . 0	Lensit D
3	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL ISpecify	CEMETERY OF CREM.	ATORY 24D. LO	CATION ICITY, to	wn, or county) (Stote)
		hurn Camata			
	APR O 1971	STRAR	25C. FUNERAL DIRECTOR		Itimore, Md.
	APR 8 13/1 (300 C) 150-REV. 1/1/68	()	Mary-Eliza	beth Law 802	2 Madison Avenue



VS 150-REV. 1/1/68

USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) D. INSIDE CITY LIMITS YES 😾 NO If Under 1 Ys. Months: Doys If Under 24 His. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH At least 3 years 4 CARS PISEASE 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (our) apinion death occurred an the date 23B DATE SIGNED (City, town, or county)



occurre

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO

ADDRESS

APPROXIMATE INTERVAL

(Stote)

ADDRESS

If Under 24 Hrs. Hours Min.



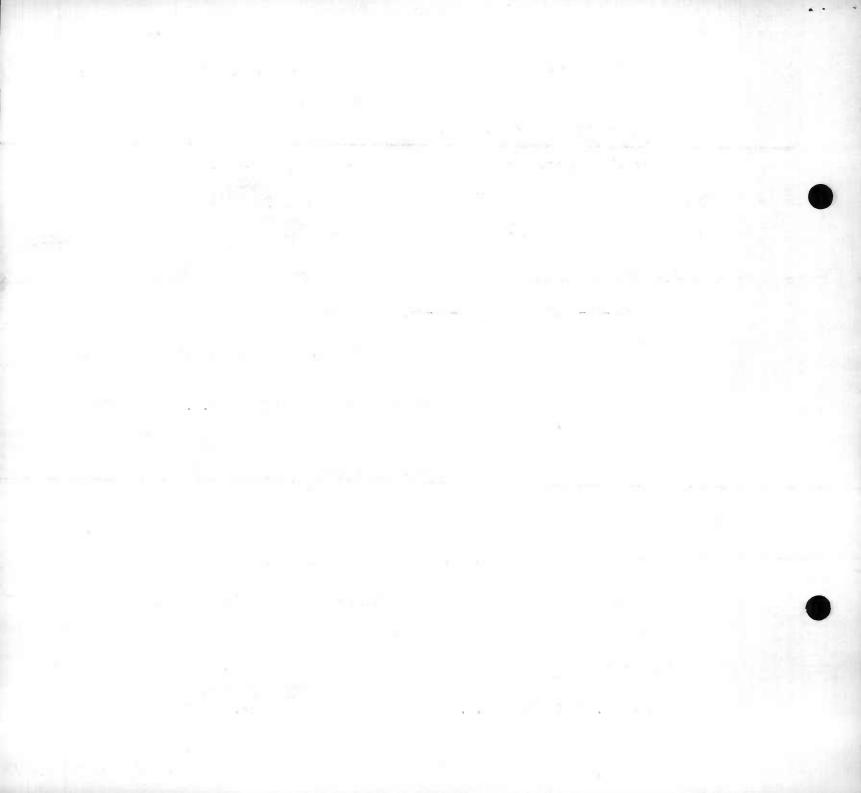
1		BALTIMORE CITY	HEALTH DEPARTMENT	×	
E	71 3460 71 3460	CERTIFICA	TE OF DEATH	REG. NO.	3466
	Type or Print STEPHEN F	FRANCIS CI	ZOVE 2 DATE AN	PIC CON 9	71 5-05 P
3	L PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, Il instituti	ion: residence before admission)
- III B	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN		5300
II.	INIV. OF MD. 4	Josp	BALTINOR	D. INSIDE C	ITY LIMITS?
	38		738 ALD	WORTH R	D 21222
5.	SEX 6. RACE 7. MARI		8. DATE OF BIRTH 3-6-50	9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
d.	OA, USUAL OCCUPATION (Give kind of work 10B, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar lorei	gn countryl 12.	CITIZEN OF WHAT COUNTRY
1137	MACHINIST FA	WNPLASTICCO	MD		USH
	RALPH GORG	310	Teresa Co	- 0	
1.5 (Y	i. Was Deceased Ever in U. S. Armed Farces? es,no or unknown) (If yes, give war or dates al servi NO	16. SOCIAL SECURITY NO. 216-50-1001	17. INFORMANT	CHART	ADDRESS
r	18. 20/X I	CAUSE OF DEATH	0 -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dodg	kens Wis	ease, IVE	2/2 US
ı	(This does not mean the made of dying, heart laiture, asthenia, etc. It means the dise	e.g., DUE TO, OR AS A	SE CONSEQUENCE OF:	***************************************	1
	injury as complication which caused death.)				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stoling UNDERLYING CONDITION last.	(C)			
2	. 11				
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL	*******		
CEPTIEIC	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
IAC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, olf etc.)	ar about 21 C. WHERE DID	(If In Baltimore City	, give exact location)
MEDI	21D.TIME (Month) (Dayl (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At	21F. HOW DID INJU	IRY OCCUR?	
	22. I certify that (t) (this hospital) attended	ed the deceased from	Daril 5	9 7/_10	NIL 61971
	that (1) (we) lost sow the deceased alive	. ,			death occurred on the date
	and hour and from the causes stated above	er (1) (We) (did) (did not) vi	ew the body after death.		
	Marry X. Do	Atten	ding Med.	haff 23 B.	DATE SIGNED
ì	23C.PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director L 5	hys. 4	7-6-11
	MARVIW J-G	ORDON HOLD	DEPT MEI	, UNIV. OI	FMD HOSP
24	REMOVAL (Specify)	C. NAME of CEMETERY of CREA			vn, or county) (Stote)
25		acred Heart of J	25C. FUNERAL DIRECTOR	Baltimore, M	ADDRESS
L	APR 12 1971 Balle E. Va	Ben M. D.	LEONARD J.	RUCK INC	BALT Md
-	150-REV. 1/1/68				



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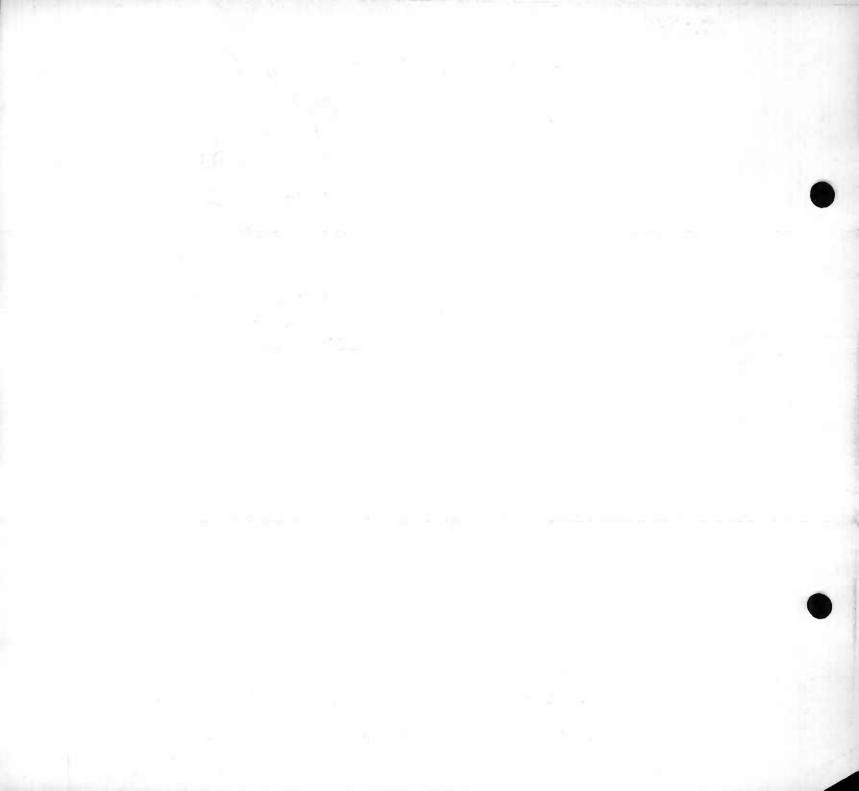
	174.8	0.40		HEALTH DEPARTMENT	250 No	P1-8	0.402	
BIRTH NO.	/1	3467	CERTIFICA	TE OF DEATH	REG. NO	, makes	3451.	
Type or Print)	Fannie Door			100	ND HOUR OF DEATH			
3. PLACE IN BAL	TIMORE MARYLAND	, WHERE PRON	OUNCED DEAD	Apri	ere deceased lived. If i	nstitution; res	9:00 sidence before ad	missio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOS	SPITAL OR INST	TUTION, GIVE STREET	Maryland C. CITY OR TOWN	6,	IDE CIPLLIA	2631	
	Solton Hill	Nursing	Center	Baltimore	D, IN	YES X	NO	
	400 John St			E. STREET AND NUMBER		123 [2]		
E	altimore, M			5805 Plummer	Avenue			
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AOE (in years last birthday)	If Under Months:	1 Yr. If Under	24 Hr
Female	White	WIDOWE		April 22, 1879	07			
one during most of v	PATION (Give kind of working life, even if retire	mork 10B, KIND (OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	eign country)	12. CITIZI	N OF WHAT CO	DUNT
Unknown		Unkno	own	Virginia		Uni	ted State	25
3. FATHER'S NAM	AE			14. MOTHER'S MAIDEN NA	ME	VALL	TAM TAM OF	- 10
George P	oha			Unknown				
5. Was Deceased	oha Ever in U. S. Armed (If yos, give war or d	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	220=05=577			Clt				
18. 4/1	S I	0%	220-05-5770 CAUSE OF DEAT	Chart			APPROXIMATE INT	TERVAL
1 / 2	E OR CONDITION	DIRECTLY				88	TWEEN ONSET AN	
	LEADING TO DEAT	ГН	AND MEDIATE CAN	SE Cerebrovascul	on Tanhamia		Vocan	
(This does no	at meen the mode asthenia, etc. It mea	of dying, e.g	DUE TO OR AC	A CONSEQUENCE OF:	ar Ischemia		Years	
injury or com	plication which caus	sed death.)						
A	NTECEDENT CAUS	SES	- General	ized ASCVD with	OLAMI		Vocana	
DISEASES O	R CONDITIONS, i	il any, givin	DUE TO, OR AS	A CONSEQUENCE OF:	Udd Walle		Years	
rise to the	above cause (A	A						
LINDED VING	CONDITION I	A) slaling in						
UNDERLYING	CONDITION last.	A) Siding in	(c)					
UNDERLYING	CONDITION last.		(c)	774				
UNDERLYING	CONDITION last.	CONTRIBUTING	(c)	re Serology. Tre	ated		Years	
UNDERLYING	CONDITION last.	CONTRIBUTING THE TERMINAL PART 1 (A).	(c)	re Serology, Tre		FINDINGS	Years Considered	
OTHER SIGNIFICATION OF THE DEATH OF T	CONDITION last. II CANT CONDITIONS CONDITIONS CONDITION GIVEN IN POPERATION 198. CONDITION BY	CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED	(c)			FINDINGS C		
OTHER SIGNIFICATION OF THE DEATH OF T	CONDITION last.	CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED	Positive WHICH OPERATION B. PLACE OF INJURY (e.g., in the composition of the composition	20 A. AUTOPSY? (Yes or No	ON 208 IF YES, WERE IN CERTIFYING CA			
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 1974. DATE OF 21A. A CCIDEN OR CONTRIBU DEATH (notify) 21D. TIME	CONDITION last. II CANT CONDITIONS OF BUT NOT RELATED TO INDITION GIVEN IN PROPERTION 1998. COMMAS POT WAS UNDERLYING TIMO IT CAUSE OF	CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho el oil (Hous) 21	POSITIVE WHICH OPERATION B. PLACE OF INJURY (e.g., in time, form, factory, street, of c.) E. INJURY OCCURRED	20 A. AUTOPSY? (Yes or No	D) 20B. IF YES, WERE IN CERTIFYING CA		ONSIDERED EATH?	
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 194-DATE OF 214-ACCIDEN OR CONTRIBU DEATH (notify)	CONDITION last. II CANT CONDITIONS OF BUT NOT RELATED TO CONDITION GIVEN IN POPERATION 198. CC WAS POT WAS UNDERLYING CAUSE OF medical examined	CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho el oil (Hous) 21	B. PLACE OF INJURY (e.g., in me, form, factory, street, of c.) E. INJURY OCCURRED Thile At Not While	20A. AUTOPSY? (Yes or No n or obout 21C, WHERE DID ince bidg., INJURY OCCUR?	D) 20B. IF YES, WERE IN CERTIFYING CA		ONSIDERED EATH?	
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 1974. DATE OF 21A. A CCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.)	CONDITION last.	CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho el oil (Hous) 21 W	POSITIVE WHICH OPERATION B. PLACE OF INJURY (e.g., in time, form, factory, street, of call) E. INJURY OCCURRED Thile At At Work	20A. AUTOPSY? (Yes or No n or obout 21C, WHERE DID fice bidg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	re City, give	ONSIDERED EATH? exact location)	
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH (notify) 21D-TIME OF INJURY (APPROX.) 22. 1 certify	CONDITION last. I CANT CONDITIONS OF BUT NOT RELATED TO CONDITION GIVEN IN POPERATION 198. CC WAS POPERATION 198.	CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho el oil (Hous) 21 W W tal) attended	POSITIVE WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, factory, street, of c.) E. INJURY OCCURRED While At	20A. AUTOPSY? (Yes or Not provided in all of provided in a company of the c	208. IF YES, WERE IN CERTIFYING CA (If In Boltima URY OCCUR?	re City, give	ONSIDERED EATH? exoct location)	71
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A-DATE OF OR CONTRIBU DEATH (natify) 21D-TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we)	CONDITION last. 1 CANT CONDITIONS OF BUT NOT RELATED TO INDITION GIVEN IN POPERATION 1988. CWAS POPERATION CAUSE OF medical examined (Manthl (Doy) (Year that (M) (this hospitalist saw the decean	CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho et oil (Hous) 21 W w tal) attended	E INJURY OCCURRED While At At Work the deceased from Nov	20A. AUTOPSY? (Yes or No. of obout 21C, WHERE DID fice bidg., INJURY OCCUR?) 21F. HOW DID INJ rember 22 19.71 and th	208. IF YES, WERE IN CERTIFYING CA (If In Boltima URY OCCUR?	re City, give	ONSIDERED EATH? exoct location)	71 he dat
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. A CCIDEN OR CONTRIBU DEATH (natify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and hour and	CONDITION last. 1 CANT CONDITIONS OF BUT NOT RELATED TO INDITION GIVEN IN POPERATION 1998. CWAS POPERATION 1998. CWAS POPERATION 1 CAUSE OF medical examined (Manthl (Doy) (Year that (t) (this hospitalist saw the deceauses see from the causes see 1	CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho et oil (Hous) 21 W w tal) attended	E INJURY OCCURRED While At At Work the deceased from Nov	20A. AUTOPSY? (Yes or Not provided in all of provided in a company of the c	208. IF YES, WERE IN CERTIFYING CA (If In Boltima URY OCCUR?	re City, give	ONSIDERED EATH? exoct location)	71.
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A-DATE OF OR CONTRIBU DEATH (natify DEATH (natify CAPPROX.) 22. 1 certify that (1) (we)	CONDITION last. 1 CANT CONDITIONS OF BUT NOT RELATED TO INDITION GIVEN IN POPERATION 1998. CWAS POPERATION 1998. CWAS POPERATION 1 CAUSE OF medical examined (Manthl (Doy) (Year that (t) (this hospitalist saw the deceauses see from the causes see 1	CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho et oil (Hous) 21 W w tal) attended	Positive WHICH OPERATION B. PLACE OF INJURY (e.g., in the me, form, factory, street, of c.) E. INJURY OCCURRED While At Month of While At Work the deceased from Nove April 14 (M) (We) (did) (JULIAR) v	20A. AUTOPSY? (Yes or No. of the control of the con	(If In Boltima URY OCCUR? 19 65 to Apr at in (m) (our) opi	re City, give	exoct location) 19 occurred on the signature of the sign	
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH (notify) 21D-TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and hour and 23A. SIGNATURE	CONDITION last. II CANT CONDITIONS OF BUT NOT RELATED TO CONDITION GIVEN IN POPERATION 198. CWAS POPERATION 198.	CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho el oil (Hous) 21 W tai) attended assed alive on stated above.	Positive WHICH OPERATION B. PLACE OF INJURY (e.g., in the me, form, factory, street, of c.) E. INJURY OCCURRED While At Month of While At Work the deceased from Nove April 14 (M) (We) (did) (JULIAR) v	20A. AUTOPSY? (Yes or No. of obout 21C, WHERE DID linjury OCCUR?) 21F. HOW DID INJury Occurs 21F. How DID INJury	208. IF YES, WERE IN CERTIFYING CA (If In Boltima URY OCCUR?	re City, give	exoct location) 19 occurred on ti	
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. A CCIDEN OR CONTRIBU DEATH (natify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and hour and	CONDITION last. II CANT CONDITIONS OF BUT NOT RELATED TO DIVIDION GIVEN IN PROPERTY OF TWAS UNDERLYING TINO CAUSE OF medical examined (Manthl (Doy) (Year that (#) (this hospitalist saw the deceause from the causes site.	CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho el oil (Hous) 21 W tai) attended assed alive on stated above.	Positive WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, factory, street, of c.) E. INJURY OCCURRED Thile At At Work the deceased from Nov April 11 (N) (We) (did) (JULTAN) v M. J. aegree Phys	20A. AUTOPSY? (Yes or Not not obout 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ P 22 and the lew the body after death. Med. Director 12 and 12 and 12 and 13 and 14 and 15 and 15 and 16 and	(If In Boltima URY OCCUR? 19 65 to Apr at In (ma) (our) opl	re City, give	exoct location) 19 occurred on the	
OTHER SIGNIFI TO THE DEATH OR CONTRIBU DEATH (notify) THAT (1) (we) and hour and The DEATH TO TH	CONDITION last. II CANT CONDITIONS OF BUT NOT RELATED TO DIVIDION GIVEN IN PROPERTY OF TWAS UNDERLYING TINO CAUSE OF medical examined (Manthl (Doy) (Year that (#) (this hospitalist saw the deceause from the causes site.	CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho el oil (Hous) 21 W tal) attended ased alive on, stated above,	POSITIVE WHICH OPERATION B. PLACE OF INJURY (e.g., in the me, form, factory, street, of c.) E. INJURY OCCURRED While At Not While At Work the deceased from NOV April 1 (M) (We) (did) (FIXE NOT) V April 1 Attempts	20A. AUTOPSY? (Yes or Note that the bidg., INJURY OCCUR? 21F. HOW DID INJury Occur?	(If In Boltima URY OCCUR? 19 65 to Apr at in (m) (our) opi	il linion death	exoct location) 19 occurred on the signed 1 4, 1971	

1971 P. 25C. FUNERAL DIRECTOR 258. NAME OF RECHSTRAK Miller Inc. -6415 APR 12 VS 150-REV. 1/1/68 Belair Rd.



BALTIMORE CITY HEALTH DEPARTMENT 2. DATE AND HOUR OF DEATH 55 A. 4. USUAL RESIDENCE | Where deceased lived, 11 institution: residence before admission!
A. STATE B. COUNTY D. INSIDE CITY LIMITS? YES -NO 21207 If Under 1 Yr. II Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? (English) ADDRESS Maynard Russell +220 Blenheim Road 21212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (A)MMEDIATE CAUSE Alben Carcinoma of Stomach 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimare City, give exact lacotion) and that In(my) (our) opinion death occurred on the date 238. DATE SIGNED Maryland General Hospital (City, tawn, or caunty) (Stote) Woodlawn, Maryland 25C. FUNERAL DIRECTOR 8728 Liberty RoadAddress: 33 LORING BYERS FUNERAL DIRECTORS, P.A. VS 150-REV. 1/1/68

IMPORTANT DIRECTOR: FUNERAL



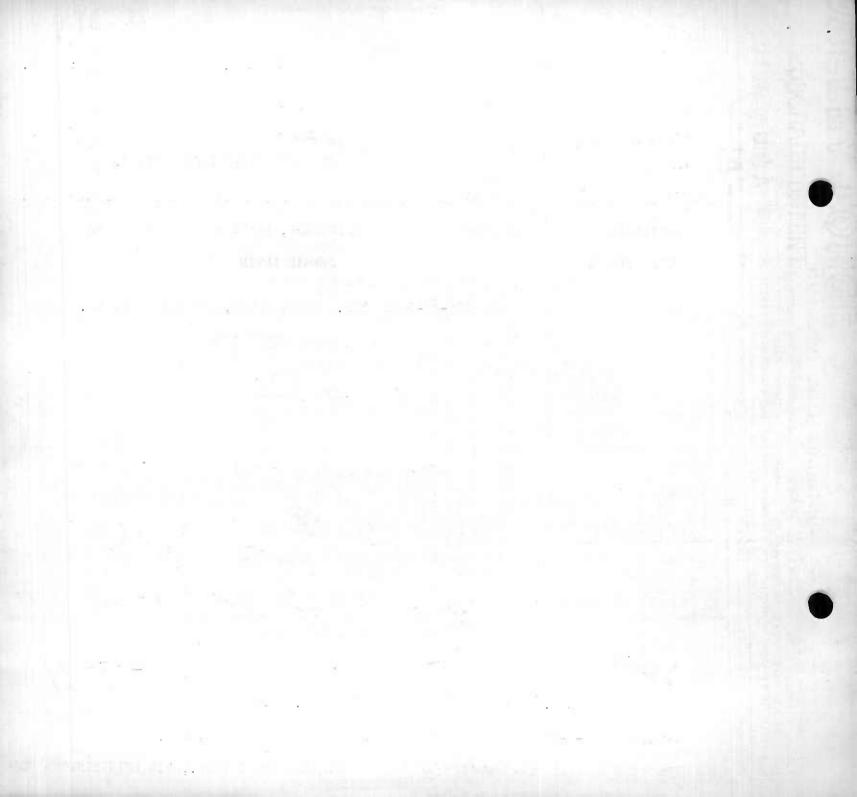
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CIT	Y HEALTH DEPARTMENT 71 3469
	ATE OF DEATH REG. NO
1. NAME OF DECEASED (Typo of Print) FRIED MANN F. MAN	2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 3-10 4-6-1971 5-10 P.A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET INSTITUTION	A. STATE B. COUNTY M. A. C. CITY OR TOWN D. INSIDE CITY LIMITS?
SINAI HOSPITAL	Baltimore YES NO
42	227 ChANCERY Rd - 21218
5. SEX 6. RACE 7. MARRIED NEVER MARRIED XX WIDOWED DIVORCED	8. DATE OF SIRTH 9. AGE (in years) If Under 1 Ye. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
SUPERVISOR HOSPITAL	BALTIMORE, MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MORRIS FRIEDMANN	ADA PEARLMAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or dates of service) 217-34-5147	17. INFORMANT ADDRESS
18. 4//) 4 CAUSE OF DEAT	MR. YALE GORDON, 227 CHANCERY ROAD #21218
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the made of dying, e.g., (A) IMMEDIATE CAL	ISE CARDIOGENIC Shock 4-5-LOW
heart failure, asthenia, elc. Il means the disease.	A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES A 0 . (4 4 1 1 1 1 1 1 1 1 1 1
DISEASES OR CONDITIONS, il any, giving (B) ## C U	te Mocandial Infactor 92-10/ms
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	tive heart failure
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Your) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX) While At Not While At Work	'O
22. I certify that (1) (this hospital) attended the deceased from	3/3/ 19// to 4/6 197/
that (1) (we) last saw the deceased alive an	19 7/ and that In(my) (a)r) apinion death accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) vi	lew the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
DEGREE Phys	nding Med. Staff Director Phys. 4/6/7/
LEONARDO F. VINILOZA M.D.	SINAI Hospital of Baltinone
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
BURIAL 4-8-71 BETH YEHUDA ANSHE	KURLAND BALTIMORE, MARYLAND
APR 12 1971 CONTROL OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD
/S 150-REV. 1/1/68	

a to the contract of the second

	ME OF DEC					AND HOUR OF DEATH	
		ETHEL BL			API	RIL 6, 1971	6:40 P
FU LI	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UNCED DEAD	MARY LAND C. CITY OR TOWN	D. IN	Institution: residence before admit
	SINAI H	HOSPITAL			E. STREET AND NUMBI		YES NO NO
4	2.					STAFF ROAD	#21215
. SE	х	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours M
FE	MALE	WHITE	WIDOWED	DIVORCED	- 1 K. 1 (1) K.	65	10003
			10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COU
one	HOUSE	WIFE	AT HO	ME	BALTIMORE, N	MARYLAND	USA
3. F.	ATHER'S NA	ME			14. MOTHER'S MAIDEN		
	HYMAN	BERMAN			JENNIE LE	EVIN	
S. W	os Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO				MRS MINNIE I	EVIN 4124 FAI	LLSTAFF RD. #2121
	heart failure, injury or con	not meen the mode of osthenio, etc. It meens application which coused	the disease, death.)		A CONSEQUENCE OF:	0	3-06
ATION	DISEASES (DISEASES (DISEASES (DISEASES (DISEASE OF C DISEASE OF C	oathenio, etc. II meons in plication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION loss. II FICANT CONDITIONS COUSE (A) TO TRELATED TO TO TO TO PAR	the disease, death.) ony, giving stating the NTRIBUTING HE TERMINAL IT 1 (A).	(B) DUE TO, OR AS (C) CO	A CONSEQUENCE OF: A CONSEQUENCE OF:	j Jei Ones	3-0 g
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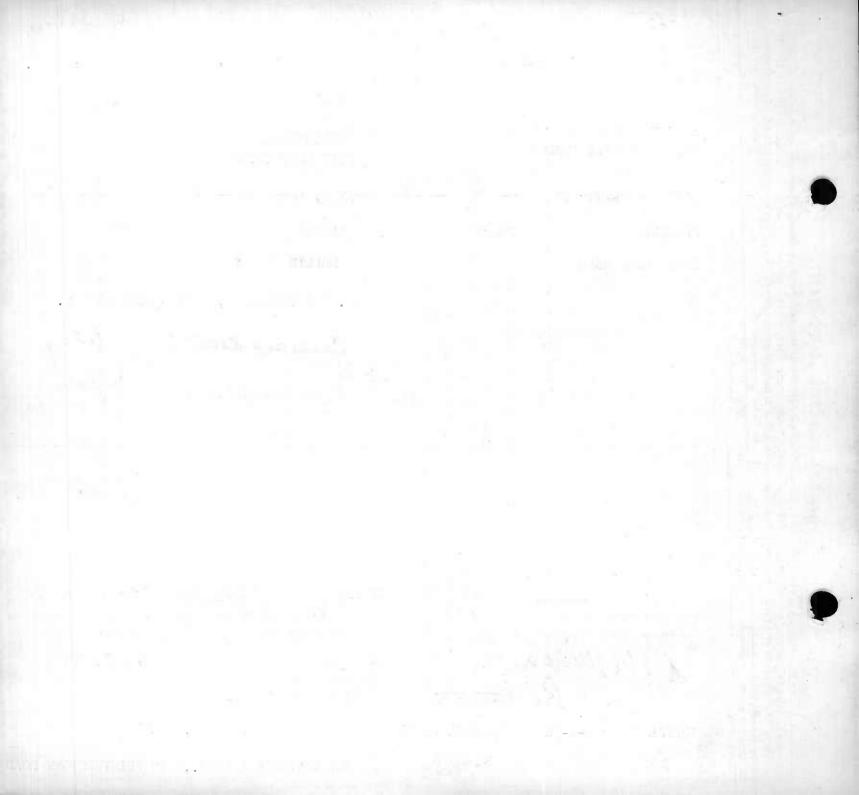
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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

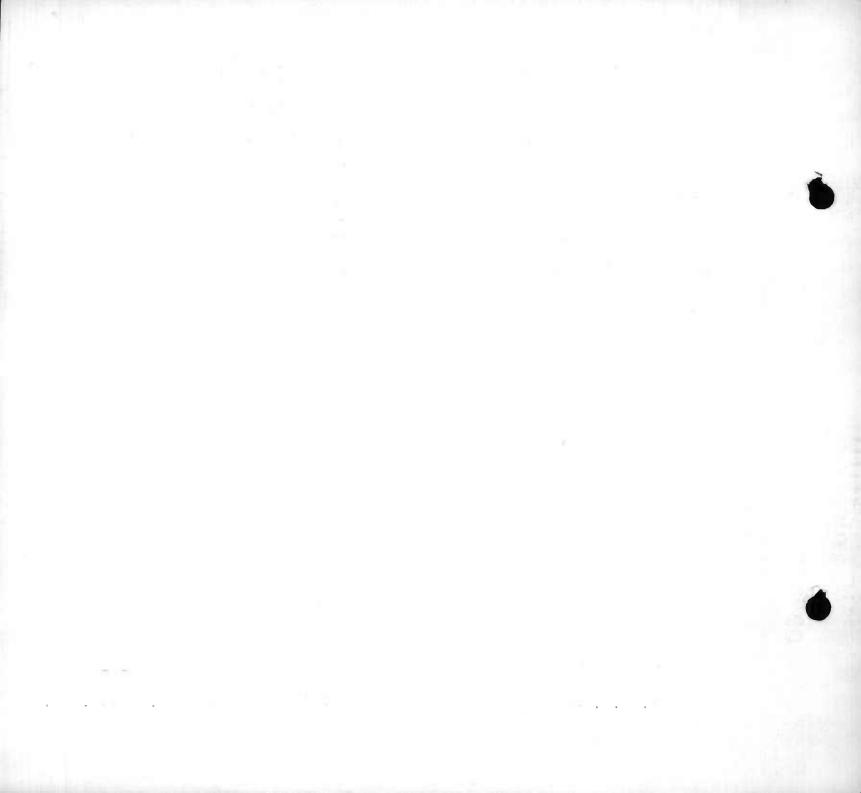
/	71 74 04	~	BALTIMORE CITY	HEALTH DEPARTMENT		THE OWNER
BIR	5-65/ 71 34	12	CERTIFICA	TE OF DEATH	X REG. NO	71 3472
	AME OF DECEASED			2. DATE A	ND HOUR OF DEATH	1
(Typ	HARRY GREENBI	ERG		APR	IL 7, 1971	9:30 A. M.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUN	CED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	nere deceased fived. If i	institution: residence before admission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR I SPITAL OR ADDRESS OR LOCATION)	TUTITZNI	ON, GIVE STREET	MARYLAND F	8a/10 ,	SIDE CITY LIMITS?
11	JEWISH CONVALESCENT HOME			BALTIMORE E. STREET AND NUMBER		YES NO
	4601 PALL MALL ROAD			3217 SOUTHGR	EEN ROAD	
S. S	EX 6. RACE 7. MAR	RRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
	MALE WHITE WIDO	OWED _	DIVORCED	MAY 6, 1886	84	
t0A	USUAL OCCUPATION (Give kind of work 10 B. KIN	ND OF BL	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	PRESSER PA	ANTS		RUSSIA		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	
	ZELIG GREENBERG			MOLLIE	?	
1 S. V	Was Deceased Ever in U.S. Armed Forces? ,no or unknown) (If yes, give war or dates of ser	vice) 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	Vicer	SECURITY NO.	MRS. IDA GREEN	BERG, 3217 S	SOUTHGREEN RD. #7
ERTIFIC	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, osthenio, etc. If means the distingury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, is not the above cause (A) stoting UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITION S CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving TING INAL FOR WH	(C)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
EDIC	21 D. TIME (Month) (Day) (Year) (Hour)	21F IN	JURY OCCURRED	21 F. HOW DID IN	IIIIBY OCCIIB?	
ME	OF INJURY	While			JOKI OCCOK.	
-	(APPROX.)	Work	At Work	<u> </u>		20 10 . 0
	22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased alive and haur and from the causes stated aba	e on 4	-1			olnion death occurred an the date
	MINIMALAN		Atto	ending Med.	Shaff [4771
	Alluloud		DEGREE		Staff Phys.	7-1-11
	23C. PHYSICIAN'S NAME (Type)	EREZ		23D. ADDRESS 8507 LIBERTY	ROAD	
			DEGREE		NOAD	
	PEMOVAL (Specify)		E of CEMETERY OF CRI		ALTIMORE, MA	City, town, or county) (State) ARYLAND
25A	DATE REC'D BY HEALTH DEPT. 258 NA	MLOF	REGISTRAR	2SC. FUNERAL DIRECTO		ADDRESS
	WANTE BALL APPEAR	of Alarm		SOL LEVINSON	& BROS.,601	10 REISTERSTOWN ROAD
VS	150~REV. 1/1/6B					



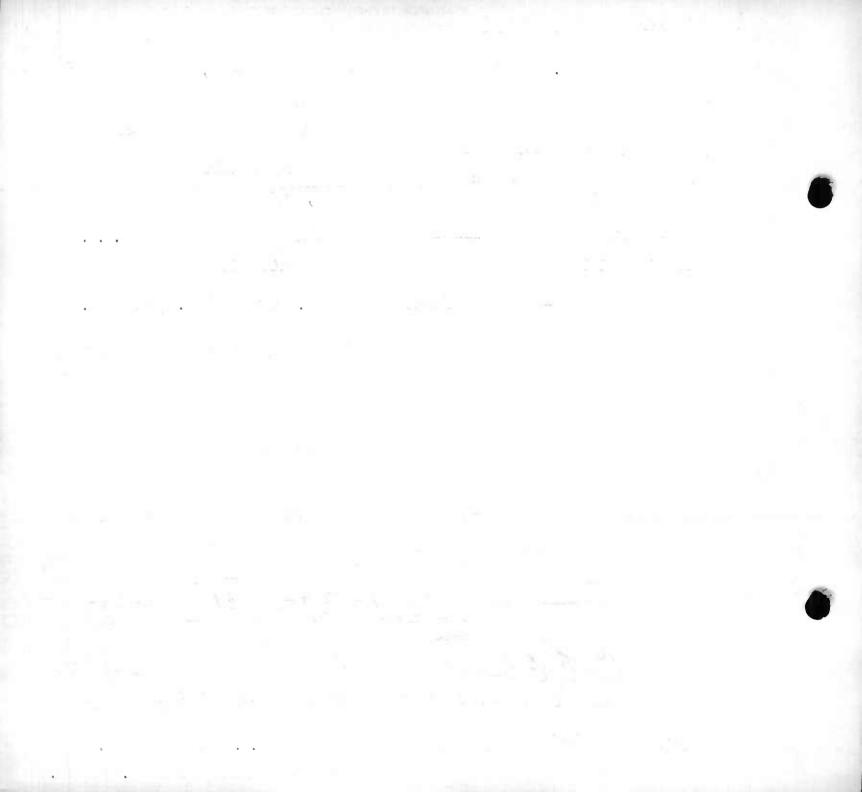
IMPORTAN

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/68



ACTUAL

REMOVAL (Specify)

VS 151-REV, 1/1/68

Burial

SIGNATURE

NAME (Type)

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

EXAMINER'S Charles S. Springate, M.D.

4-10-1971

25B. NAME OF REGISTRAR

24B. DATE

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 1. NAME OF DECEASED 2. DATE Known | Hour (Type or Print) OF CARLYLE RUSSEL STACK Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET April 7, 1971 10:25 A. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY 123 N. Broadway Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Ma le White WIDOWED Baltimore YES X DIVORCED X No [10. AGE (In years lost birthday) If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH Months: Doys , Haurs , Min. XXX 123 N. Broadway 10-16-1925 45 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Maryland U S A L. Stack, Sr. Leon 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during mast of working life, even if relired)
Seaman Ida J. Hardtke 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, na ar unknawn) (If yes, give war or dotes af service) 219-18-6761 21090 Mr. William Stack, 220 Sycamore Rd. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Cirrhosis of liver DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the made of dying, e.g., heart foilure, osthenia, etc. it meons the disease, injury or complication which coused deoth.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., In or obout 22C, WHERE DID (If in Baltimore City, give exoct location) hame, farm, factory, street, allice bldg., etc.) INJURY OCCUR? **₹** 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Manth)
OF INJURY 22E.INJURY OCCURRED 22F, HOW DID INJURY OCCUR? (Yeor) (Hour) WHILE AT P NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held an Inquiry Autopsy X ond that on this basis, deoth in my opinion Inspection Sulcide __ resulted from: Natural causes 🗵 Accident Homicide ___ Undetermined manner

24C. NAME of CEMETERY or CREMATORY

Lorraine Park Cemetery

CHIEF MEDICAL EXAMINER

24D. LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

DATE SIGNED

(Stote)

4/7/71

(City, lawn, or county)

ADDRESS

Woodlawn, Maryland

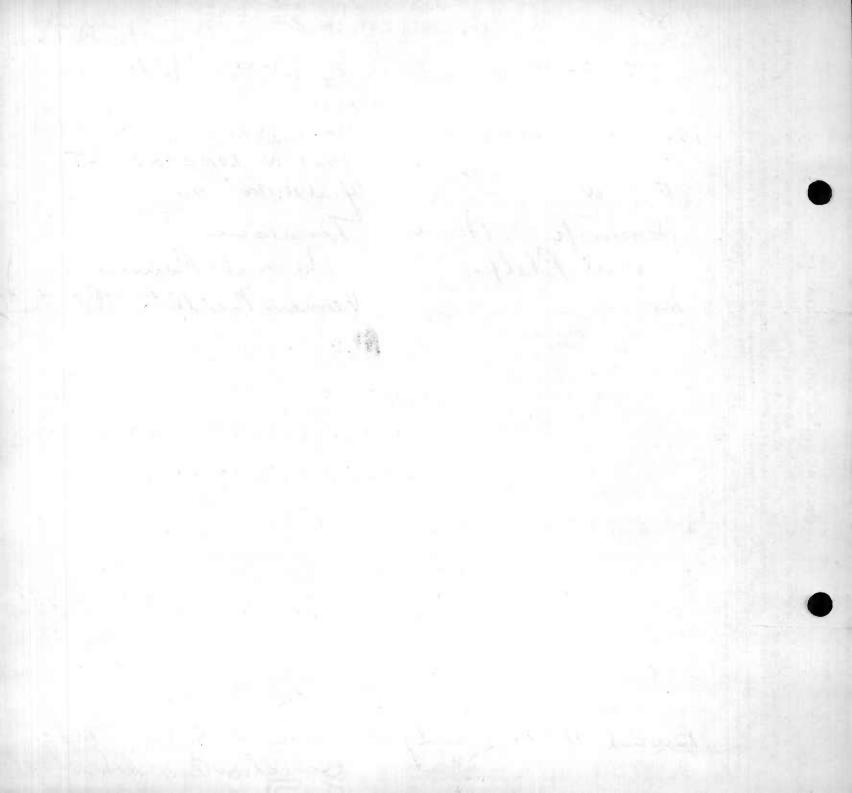
Howard H. Hubbard, 4107 Wilkens Ave. 21229

9 2 2 2 3 2 3 2 3 Entre Three includes to cross see the property and Tolker Line Committee Comm

RELEASED ON	BALTIMORE (CITY HEALTH DEPARTMENT
PPROVALTO		CATE OF DEATH REG. NO. 71 3476
OF MR. BOS S	(Type or Print) HARMAN , I SABEL M	2 DATE AND HOUR OF PEATH 12:35P
MEDICATE OF SET	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
XAMINER (S)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND ANNE ARUNDEL CO 5200
to a se,	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
in Bar	40 ST. AGNES HOSPITAL	HANOVER YES NO A
de d		BOX 9A RIDGE RD
525555	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months! Days ! Hours ! Min.
n mirring a seguent	ANDOMEDIK V DIAOKCEDI	11 11/22/90 80 1 1
0 0 - 0 -	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	
P C S P I	DRESSMAKER	VIRGINIA U.S.A.
P = D = 8	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
INT directly (4) (4) on the von the vo	II WILLIAM JUHNSUN	ANNIE (JOHNSON) JOHNSON
A police	15. Wes Deceased Ever in U. S. Armed Ferces? (Yes, no er unknown) (If yes, give war or dates of service) SECURITY NO.	17 MY James B. Harman, Box 9 A Ridge Rd. 21076
Ssist the the de ince	No 212-14-89	996 ST. AGNES HOSPITAL RECORDS
MPORT This assists Iso, if the of any kindenced differenced differenced delianced de	18. 4/2. 4 4-1 E 880 X Q 1 1 CAUSE OF DE	PETAGEN ONICE AND PROPER
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xam	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR	AS A CONSEQUENCE OF:
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		g, iff or about 21 C. WHERE DID (If in Baltimere City, give exact lacation)
	21 D. TIME (Month) (Day) (Year (Hourd 2) E. INJURY OCCURRED	
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prov the Iny n	Work At We	
	22. I certify that (I) (this hospital) attended the deceased from North that (I) (we) lost sow the deceased alive on APRIL 7	7
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elea ccidea t hos to d	Les + Williams	Attending Med. Stoff 4-7-7/
9 7 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
was r An a	George F. RITCHIE M.D.	SC Com Hos C Ball No
2 0 7 7 7	24A. BURIAL CREMATION) 24B. DATE 24C. NAME of CEMETERY OF C	
This certif the body shows: (1) was D.O./ deceased	Burial 4-10-1971 Friendship Cem	
This ce the boo shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT 25B NAME OF REGISTRAR	Anne Arundel County, Maryland 25C. FUNERAL DIRECTOR ADDRESS
E # # 3 # 3	APR 12 1971 Jables & Harberg M.D.	Howard H. Hubbard , 4107 Wilkens Avenue 2122
	VS 150-REV. 1/1/68 / O O O O	

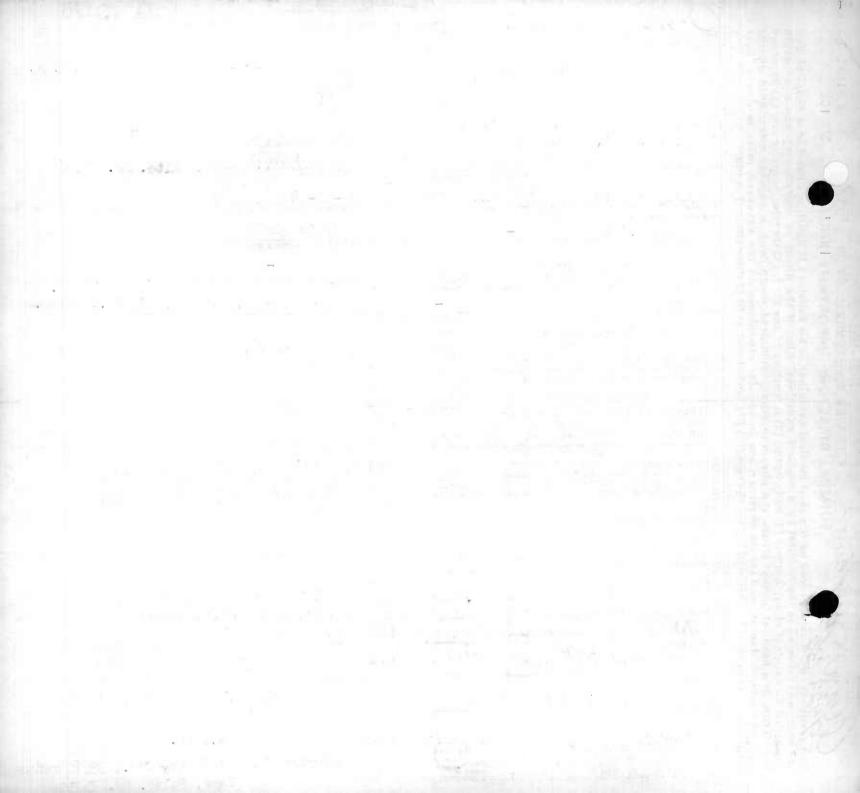
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1	M BALTIMORE CITY HEALTH DEPARTMENT	
2005	BIRTH NO. 71 3477 CERTIFICATE OF DEATH REG. NO. 71 3477	7
of death of death Deceased e on the	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print)	
- 0 e e -	Mossie Middleton APRIL 6 1971	~
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE B. COUNTY	odmission)
hos Use (5)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?	3
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the	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
fore		
befo	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	
ained	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AL Not While	
	Work At Work	
	22. I certify that (1) (this hospital) attended the decepsed from Ohr-8 1960 to for 1	19.7/
)	that (1) (auc) lost saw the deceased alive on 19 and that In(my) (auc) opinion death occurred on	n the dat
	238. DATE SIGNED	
	23C. PAYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS	
	MWARREN DEGREE & aurel mo	
written approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	(Stole)
7 ,	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR J 25C. FUNERAL DIRECTOR J ADDRESS	0
	APR 12 1971 Police E. Jaben Man (Wangsdiger Principle Hame "	and
	VS 150-REV. 1/1/6B	



1	2.111	174 6	OFILE		HEALTH DEPARTMEN		71 347	78
BIR	TH NO.	71 3	3470	CERTIFICA	TE OF DEAT	H REG. NO.		
	AME OF DECE	ASED			2. DA1	E AND HOUR OF DEA	TH	
		JOSEPHIN	E OLIVA			4-06-71	f institution: residence be	35 A. M
Jo !	PLACE IN BALIII	MORE, MARTLAND, V	WHERE PRONOL	INCED DEAD	A. STATE B. C	(Where deceased lived, I COUNTY	f institution: residence be	fore admission)
U	LL NAME OF	ADDRESS OF LOC	TAL OR INSTITU	TON, GIVE STREET	MARYLAND		26	32
N:	MOITUTION	OHNS HOPKIN			C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?	
3		MORE, MD 2			BALTIMORE E. STREET AND NUMB	ER	YES C NO	
					5735 MORA			
5. \$	EX 6	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn veors	II Under 1 Yr. If Months: Doys Ho	Under 24 Hrs.
-	EFMALE	WHITE	WIDOWED	DIVORCED	02-09-84	last birthdoyl	Months Doys Ho	urs Min.
ADI	USUAL OCCUP	ATION (Give kind of wor rking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r lareign country)	12. CITIZEN OF WH	AT COUNTRY
2018	house		-		Spain			
13.	FATHER'S NAME				14 MOTHER'S MAIDEN	NAME		
	Jo	seph Plana			THE DAMES IN	-		
15. \ (Y==	Nas Deceased E	ver in U. S. Armed Fo. I yes, give war or date	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	Md
	no	- , say give man or our	or other	SECURITY NO.	Albert Ser	rano, 5735 M	oravia Rd., E	
	18. 4/0.	9		CAUSE OF DEAT		> / () ***	APPROXIM	ATE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY		1 00			ISET AND DEATH
		EADING TO DEATH mean the mode of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	My o cerdia	1 2/1	W.
	heart failure, as	thenia, etc. It means	the disease.	DUE TO, OR AS	A CONFEQUENCE OF:	refrection		
		ITECEDENT CAUSES						
	DISEASES OR	CONDITIONS, if	any, civing	(8)DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the	above cause (A) CONDITION last	stating the					
	UNDEKLTING	CONDITION Jost		(c)		***************************************		************
N	OTHER SIGNIFICA	II ANT CONDITIONS CO	NTRIBUTING	NC	ND HIM	nost M.I	1	
ATI	TO THE DEATH	BUT NOT RELATED TO T	HE TERMINAL	HJ	017 1110	More 1 T	Jan 1971	
띮	19A-DATE OF O	PERATION 198. CON WAS PER	IDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDER	ED
ERT	1				NO			
	OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING	l 216. home elc.)	react of injury (e.g., i , farm, foctory, street, al	n or obout 21 C. WHERE DI	R? (II In Boltin	nore City, give exact locat	ion)
S		Manth) (Day) (Year)			0.5			
2	OF INJURY	vionini (Dayi (Teon	11111	Not While		INJURY OCCUR?		
	(APPROX.)		Work	At Work	LI the	3/ 13	DO A	el .
		a (1) (this haspital		A	April 6		Hail 6	19 7
		st sow the decease				d that In(my) (our) o	pinlon death occurre	d an the date
	and your and f	rom the causes sta	ted abave. (I)	(We) (did) (did not) v	lew the bady after dec	oth.		
	The wes	Rel 900.	- ^	IMV AHO	nding Med.	¬ Steff [¬	23B. DATE SIGNED	
	23E/PHYSICIAN	,	~	DEGREE	Director C	Shaff Phys.	M1617	
1	NAME (Type		1110		ADDRESS +	to plain	105101-1	1
244	BURIAL CREMA	ATION, 1248, DATE	-LIVEY	DEGREE	Jonasi	copia as	cospitat	
	REMOVAL (Spe	city)		ME of CEMETERY of CRE	V		(City, town, or county)	(Stote)
254	burial	HEALTH DEPT	71 Ba	ltimore Ceme		Balto., Md		
i JPA	100 1	2 1171 33	258. NAME O	900 5 90 1	Schimunek	Funeral Home	o, Inc., 333	Rnohma
/S 1	50-REV. 1/1/68	14 1111 0000	1			, and R	alto Ma m	Dreimis

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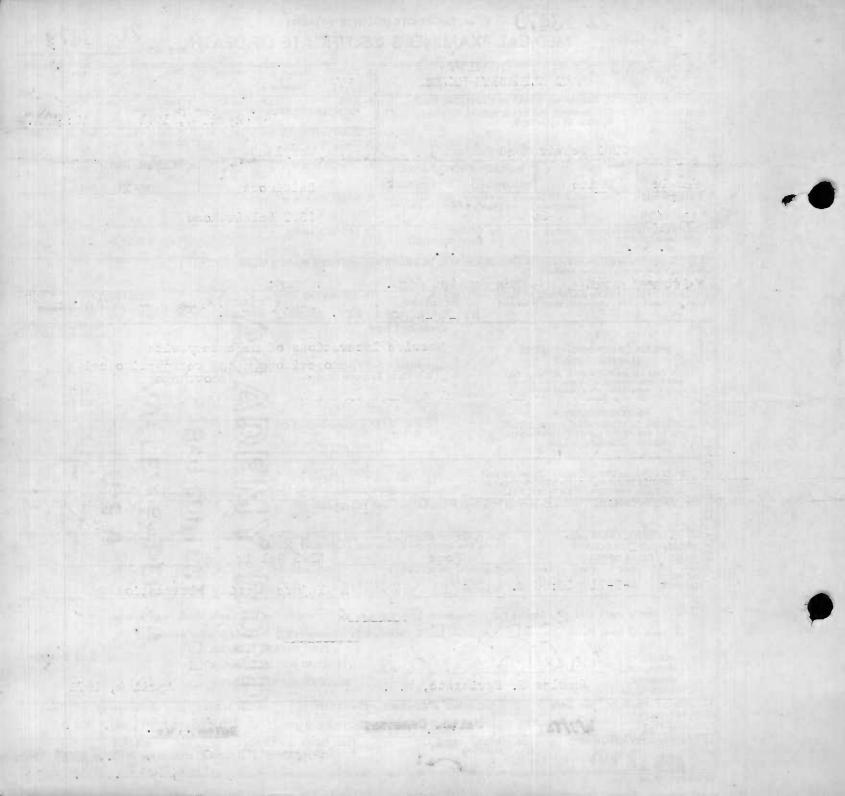


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		-						_	_			

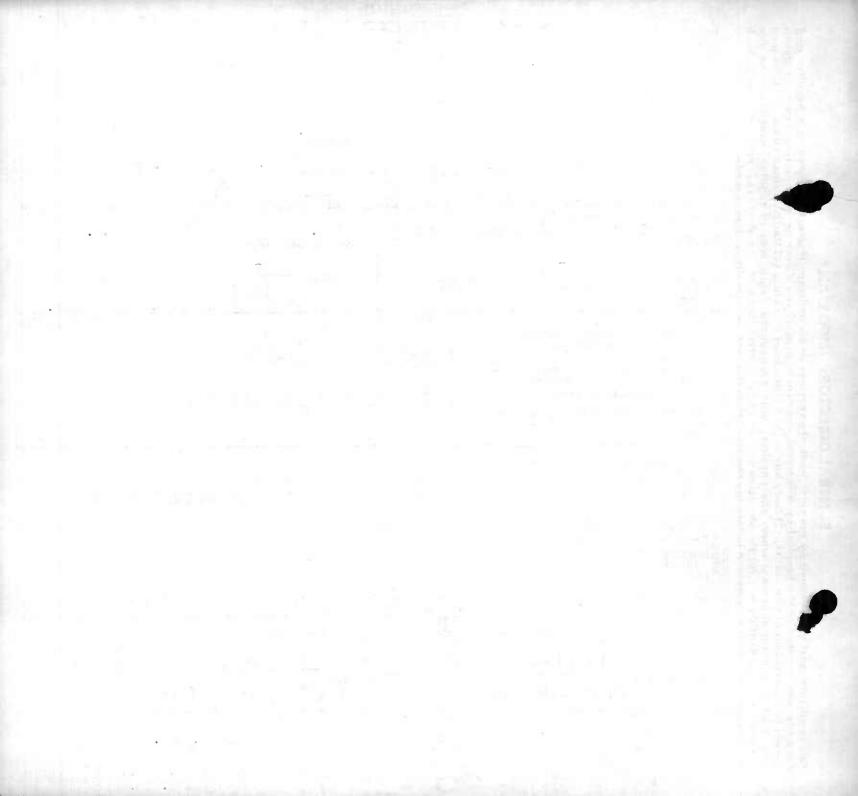
BALTIMORE CITY	HEALTH DEPARTMENT	

		71	3478
DEC	NO		CEL

77-300 BIRTH NC.	ME	DICAL	EXAMINE	R'S C	ERTIFIC	CATE OF	DEAT	H REG. NO.	11	3479
1. NAME OF DEC	MARY	ELIZABI	ETH HEWETT		2. DATE OF DEATH	Knawn Estimated	Month	Doy	Year	Hour
4. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE, MARYLAND, (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INST	ONOUNCED DEAD TUTION, GIVE STREET			INCED DEAD	Month April			Hour 12:58 A
00	2303 Belai:	Road			A. STATE	Maryland		B. COUNTY	Fresidence	before admission
6. SEX Female	7.RACE White	B. MARRI	ED NEVER MARR		C. CITY OR			D. INSIDE CI		
9. DATE OF BIRTH	10.AGE	in years	If Under 1 Yr. If Under Months a Days Haurs	24 Hrs.	E. STREET A	Baltimor ND NUMBER 2303 Bel			:2 KT	№ Ц
W. Va	tole ar fareign cauntry) 3.0	1	2. CITIZEN OF WHAT COUNTRY		13. FATHER		all no	au		
Registered	PATION (Give kind of wor orking life, even if reilred nurse	Johns	OF BUSINESS OR IN Hopkins Ho			"S MAIDEN NAI	ME			
16. WAS DECEASE (Yes, no or unknown)	D EVER IN U.S. ARME (if yes, give war ar date:	D FORCES? of service)	17. SOCIAL SECURITY N 233-50-115	10.	Mrs.	ANT (fri Shelly We	end)			to. 2122 arkway
1	E OR CONDITION DIR EADING TO DEATH of mean the mode of doshenia, etc., it means the plicotion which coused do		Mass		acerat	ions of m peritoneu JENCE OF:	m and	-	BETW	PROXIMATE INTERVIEW ONSET AND D
DISEASES OF THE UNDERLYIN	ITECEDENT CAUSES IR CONDITIONS, IF AN ABOVE CAUSE (A) ST. G CONDITION LAST.		(c)	TO, OR A	S A CONSEQ	UENCE OF:				
DISEASE OR	FICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN I	THE TERMIN	IAL							
DATE OF	OPERATION 20B. CO	NDITION F	OR WHICH OPERATI	ION WAS	PERFORMI	D				PSY? (Yes ar No Zes
UNDERLYING UTING CAL	NAL CAUSE WAS OF CONTRIB- USE OF DEATH. Month) (Day) (Year		B.PLACE OF INJUR ome, form, loctory, stre Home 22E.INJURY OCCU	188FD	122	C. WHERE DID (JURY OCCUR? 2303 Bela F. HOW DID IN	ir Roa	d 84		Les
	4-3-71 10:0	0 P. n	WHILE AT WORK	NOT W AT WO	HILE X	Injured d	uring	altercat	ion	
	R'S Charle	S. g		Sulcide M.D.	Hor C ASSIS	and that an the control of the contr	Undetermi XAMINER XAMINER	ned manner		DATE SIGNED
24A. BURIAL CREM REMOVAL (Specify	ATION, 248. DATE 1) 4/10	/71	24C. NAME of CEM			1	LOCATION	(City, town,		
burial 25A. DATE REC'D E		PP P	Mt. tCar	ue \mathbf{r}^i	25C. FI	JNERAL DIRECTO himunek F)R	nington AD Homes,	DRESS	
S 151-REV. 1/1/6B	NX	1.3	7	1		13				Md. 21.21

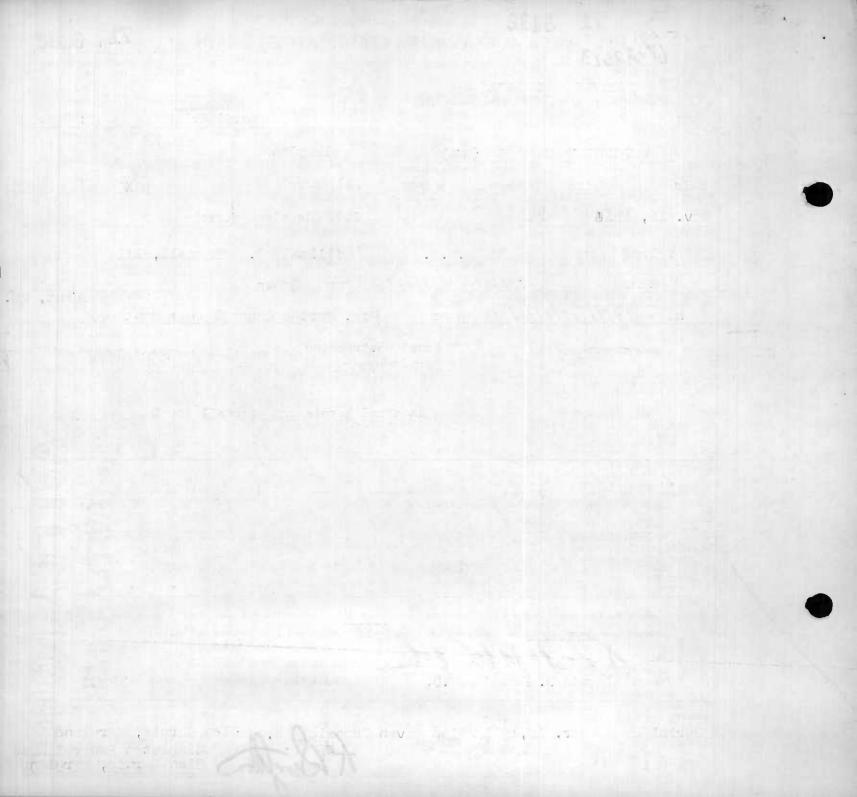


D 101	rms.g	0.400	BALTIMORE CITY	HEALTH DEPARTMEN	T	72 3420
BIRTH NO.	1 /1	3480	CERTIFICA	TE OF DEAT	H REG. NO	12 3430
1. NAME OF DE				2. DAT	E AND HOUR OF DEAT	Н
	CATHERINE				4-6-71	2.75 1
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before edmission
FULL NAME O	F (IF NOT IN HOSI	TAL OR INSTIT	UTION, GIVE STREET	MARYLAN		7/12
HOSPITAL OR	ADDRESS OR LO	CATIONI		C. CITY OR TOWN		ISIDE CITY LIMITS?
2 17				BALTO.		YES NO
0/	MERCY HOSPIT	AL		E. STREET AND NUMBI	ER	
				916	N. KENWOOD AT	TF. #05
- SEX	6- RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. If Under 24 Hrs.
F	W	WIDOWED		10-6-00	lost birthdoyl	Months Doys Hours Min.
M. USUAL OC	CUPATION (Give kind of w	ork 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign countryl	12. CITIZEN OF WHAT COUNTRY
one during most o	of working life, even if refired	1			.0.16	
3. FATHER'S NA	sdady	Monument	al Stores	Balto.		U.S.
≥ LYTHEK 2 NY	AME			14. MOTHER'S MAIDEN	NAME	
	-				-	
5. Was Decease	nd Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT	/	ADDRESS
no	yes, give wor or do	nes of service)	SECURITY NO.		(son)	
	0 . 1		CAUSE OF THE	Edward Bloc	dsworth, 916	N. Kenwood Ave.
18, 4/2	2.4		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION D			0.1.	0 0 - 00	. 0
This deep	LEADING TO DEATH	•	(A) IMMEDIATE CAU		Pulmonia	y ocaeme
heart failure	not mean the mode of	s the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		U
injury or co	mplication which cause	d death.)		1		
	ANTECEDENT CAUSE	S	Pons	reenie ea	ediac ia	eluse
DISEASES	OR CONDITIONS, if	gay, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
rise to the	he above cause (A	slating the	Λ	scv)		
UNDERLYIN	IG CONDITION lost.		(c)	500 9	***************************************	
	- 11					
OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING				
C DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	RT 1 (A).	*************			
19A. DATE O	F OPERATION 198 CO	NDITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes o	No 208 IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDE				No.	IN CERTIFIENG C.	AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DI	Q (II In Boltime	ore City, give exact location)
DEATH (notif	y medical examined	eic.)	e, toling tociory, siree, or	ice biogs indust occur	C.	
21D.TIME	(Month) (Doy) (Year	Hour 21F.	INJURY OCCURRED	DIE HOW DIE	INJURY OCCUR?	
S OF MISORY			le At Not While		INZURY OCCUR:	
(APPROX.)		Worl	k Al Work			/
22. I certify	y that (1) (this hospite	al) attended th	e deceased from	4/5/71		7 6 1971
) last saw the deceas		4/6			
			414			Inlan death accurred on the date
		ated abave. (I)	(We) (did) (did not) v	lew the bady after dea	th.	
23A. SIGNAT		0 1	2			23 B. DATE SIGNED
	rah	me 1	20 S.C. Affer	nding Med.	Staff Phys.	4/6/7/
23C.PHYSICIA	Prah PRATIM		DEGREE PHYS	3D. ADDRESS		
NAME (PRATIM	A 130	SE	mel cu	Hospita	L.
A. BURIAL CO.	EMATION THE DATE		DEGREE			
REMOVAL	EMATION, 24B, DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24E	LOCATION (C	City, town, or county! (Stole)
buria		71 P	arkwood Cemete	erv	Balto., N	Md.
A. DATE REC'E	BY HEALTH DEPT.	258, NAME O		25C. FUNERAL DIREC	TOR	ADDRESS
APR 4	0 1071 0.0	CE Sall	28.8	2 63		
S 150-REV. 1/17	761	a tot dance	St. St. St.	Tocuramentek L	uneral nomes.	Inc., 3331 Brehms
- 100-116 TO 1/1/					Lane, Balto	1. Ma. 21213



. 6M

71 3482 BALTIMORE CITY HE	ALTH DEPARTMENT	U
(E / /)	CEDTIEICATE OF DEATH	71 3482
BIRTH NO.67 -22683	CERTIFICATE OF DEATH REG. NO	0 1012
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy	Year Hour
STEVEN CONNELL 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted Month Dov	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION OR INSTITUTION	PRONOUNCED DEAD April 8,1971	3:20 A. M.
UNIVERSITY HOSPITAL (DOA)	S. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE Maryland B. COUNTY	2102
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male White WIDOWED DIVORCED		s 🛛 NO 🗌
9. DATE OF BIRTH NOV. 16, 1968 10. AGE (In years ff Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 22	1238 Cleveland Street	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Mary land 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	William B. Connell,	111
done during most of working life, even if retired)	Ann Jones	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.		DRESSPasadena, Mo
19. 6 7 2 8 CAUSE OF DEA	Mrs. Martha Connell (grandm	APPROXIMATE INTERVAL
33310	bstruction	BETWEEN ONSET AND DEATH
LEADING TO DEATH		
(A)IMMEDIATE (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease,	AS A CONSEQUENCE OF:	
Injury or complication which coused death.) ANTECEDENT CAUSES (8) Inter	nal herniation of small bowel	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
✓ 22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Boltimore City, give exocee bldg., etc.) INJURY OCCUR?	et location)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
(APPROX.) m. WORK AT	VORK L	
I certify that I held an Inquiry Inspection A	and that an this basis, death in my	aplnion
resulted fram: Natural causes X Accident Sujci		
ACTUAL X / 1 21/2 11/2	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MAN	ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	3/8/71
EXAMINER'S RODALD N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	3/0//1
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY		, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF BLOODER	1 Memoria VPH Glen Burnie	ODRESS
APR 12 1971 USB 2.	Jan	ion Funeral Home Irnie, Maryland
VS 151-REV. 1/1/6B		



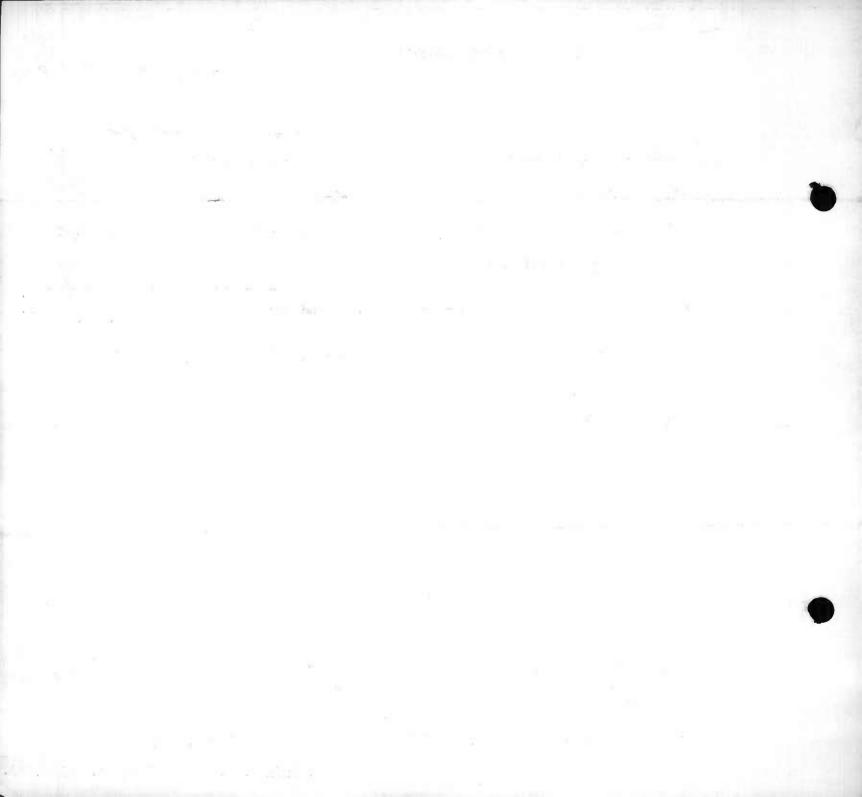
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Such

C-615 71 34	BALTIMORE CITY	HEALTH DEPARTMENT		MA - OF
0	CERTIFICA	TE OF DEATH	REG. NO	71 3483
BIRTH NO. 1. NAME OF DECEASED			ND HOUR OF DEAT	
(Type or Print)	ENTER	2. DATE A	WIND HOUR OF DEAT	
3. PLACE IN BALTIMORE, MARTLAND, WHERE	PRONQUINCED DEAD	4. USUAL RESIDENCE (WH	Pro decented lived II	1 9:15 PM
The state of the s	TRONGONCED GEAG	A. STATE B. COU	NTY	mistronic residence delate domissioni
FULL NAME OF (IF NOT IN HOSPITAL OF	INSTITUTION, GIVE STREET	Maryland		301
INSTITUTION		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
Baltimore ity He	_	Baltimore		YES NO
3 / 4940 Eastern Ave		E. STREET AND NUMBER		
Baltimore, Md. 2	1224	289 S. Maso	on Ct. 212	231 607
remaid Negro	ARRIED NEVER MARRIED A	8. DATE OF BIRTH 4-17-42	9. AGE (In years lost 240thdoy)	II Under 1 Yr. If Under 24 Hrs. Months Days Haus Min.
IOA. USUAL OCCUPATION (Give kind of work 108, K		11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
lone during most of working life, even if retired)		Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
II C	l. am	M	Same	
Henry Carpen	II 6, SOCIAL	Marcelline		
Yes, no or unknownt lif yes, give war or doles of s	ervice) SECURITY NO.			on Ave. Address
	217-40-9250	BCH Records:	Baltimore,	Md. 21224
18.44 25 XI	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTL	Y			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	SF IDIOPLT	HIC	2 YPC
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	HIC YOCARDOI	0001/
injury or complication which caused death	J	171	PUCAKAUI	771108
ANTECEDENT CAUSES		1 W T		1 4 7 8
DISEASES OR CONDITIONS, if any,	(B)	A CONSEQUENCE OF:		1 Y R
rise to the above cause (A) stalin	giving DOE 10, OK AS	A CONSEQUENCE OF:		1 X B
UNDERLYING CONDITION last,	(c)	VLMONARY	5 MB0	21 / 1
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	MINAL		***************************************	***************************************
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 198. CONDITION WAS PERFORME	U	Yes	IN CERTIFYING C.	AUSES OF DEATH?
OR CONTRIBUTION OF	21B PLACE OF INJURY (e.g., in home, farm, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltime	oro City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	home, farm, fociory, street, of	ice bidgy INJURY OCCUR?		
U				
F OF INJURY	The state of the s			
(APPROXI	While At Not While At Work			
22. I certify that (1) (this hospital) atte		2/22	19.7/to	4)4
				9/4 19 7/
that (1) (we) last saw the deceased all				inion death occurred on the date
and hour and from the causes stated ob	ave (1) (We) (did) (did not) v	lew the body after death.		
23A. SIGNATURE			di i	23 & DATE SIGNED
John J. Bru	The state of the s	nding Mod.	Staff Phys.	4/4/71
Z3C. PHYSICIAN'S	DE GREE Phys	0.0		
NAME (Type)		parti	-	Hospitals
John J. Duwel M	DEGREE	4940 Eastern A	ve. Baltimor	re, Md. 21224
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CRE	MATORY 24D. I	OCATION (C	City, lown, or county) (State)
Burial 4/8/71	MT Col		Λ Λ Ω	Ma
7 0 1	Mr Calvary C	emet.rv	A A Cour	ADDRESS
APR 12 19/1 Under 4. To	Charles Constitution	Adolphus H		
		TAGOTPHUS H	albueau I	SOU W IN OI CII AVE
/S 150-REV. 1/1/68				

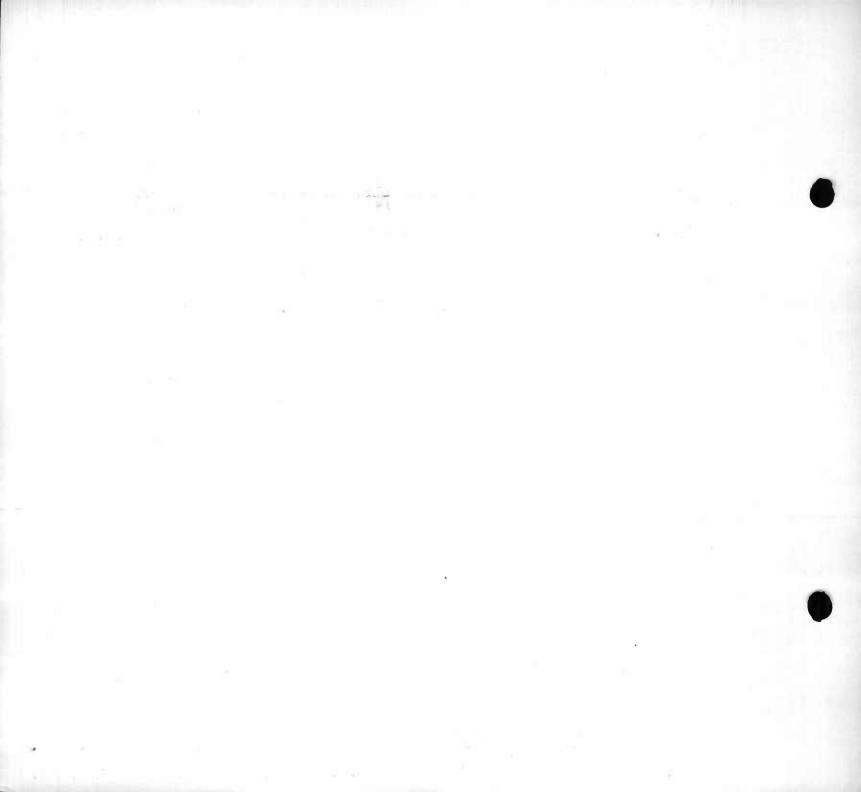
antibact former decoused

2 + 5	BIRTH NO. I. NAME OF DECEASED LOUISE JAWOTOWSKI (ROSKI) Type of Pint)	TE OF DEATH REG. NO. 71 3484		
hon.	60013E 1605KI	4/5/7/ 7:25 p		
g g	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived, III institution: residence before admiss Md., STATE C. CITY OR TOWN D. INSIDE CITY LIMITS?		
prior	Maryland General Hospital	Baltimore YES NO NO STREET AND NUMBER 911 Streeper Street		
E .	Female White Widowed Divorced	8. DATE OF BIRTH 12-2-97 9. AGE (In years If Under 1 % If Under 24 Hours Min		
	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired Retired	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN 13. S./4.		
	3. FATHER'S NAME Valentine Gurski	14. MOTHER'S MAIDEN NAME		
CY CY	5. Wos Deceased Ever In U. S. Armed Forces? es, no or unknown) (Iff yes, give wor ar doles at service) NO 16. SOCIAL SECURITY NO. 212-05-5384	R. Roland Brockmeyer Holliday & Fayette S		
fore the remains are embalments	IThis does not meen the mode of dying, e.g., heart loiture, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION IOSL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). NO DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). NO DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION NO DISEASE OR CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION			
CAL CERTIFI		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OF ODDUST CONTROL OF THE PROPERTY OF THE PRO		
MEDICAL	DEATH (notify medical examined)	215 HOW DID INTURY OCCUR?		
	22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes staled above. (I) (We) (did) (did/not) vi	19 / ta 19 / 19 / 19 / 19 / 19 / 19 / 19 / 19		
24	23A. SIGNATURE Attendary Action Occupies Attendary Phys.	ding Med. Shoff P		
25.	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREA	MATORY 24D. LOCATION (City, town, or county) 15 folial		
4	Burial 4-9-71 St. Stanislaus	Baltimore, Maryland		
25	A. DATE REC'D BY HEALTH DEPT. A 258 AAS OF MOUTRAR	25C. FUNERAL DIRECTOR ADDRESS		



FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/68



Paul E. Chenoweth Jr. 3617 Chestnut Ave.

Letter from M.E.'s office 4-15-71 M.H. V.S. 153 4-26-71 M.H.

VS 150-REV. 1/1/68

VS 151-REV. 1/1/68

Jan. 22, 1921

BI Trebus

Too! Paker

USA (meorge / Looley Sr.

Paristing Story Administration Williams

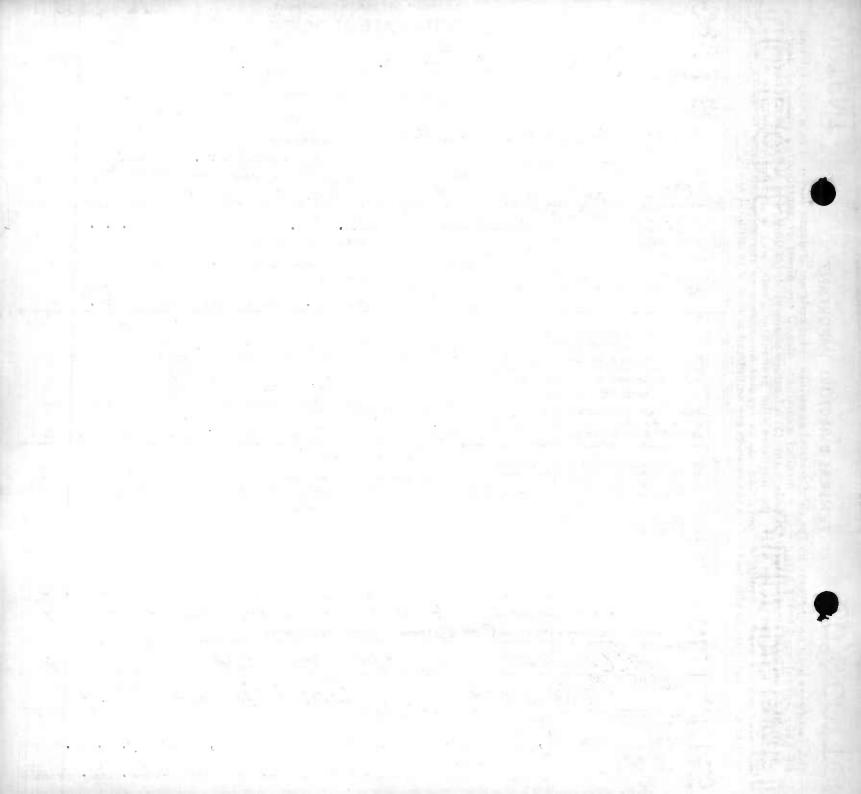
Yes 1/22/41-10/31/41 21: 03 18/8 Hitsbeth Maddox 812"B" wilson Ft. 31. Seltsill

h/10/71 Sinteridge Committery Cells, Ft.

James L. Hrustleinski 1407 bostoru Awe.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

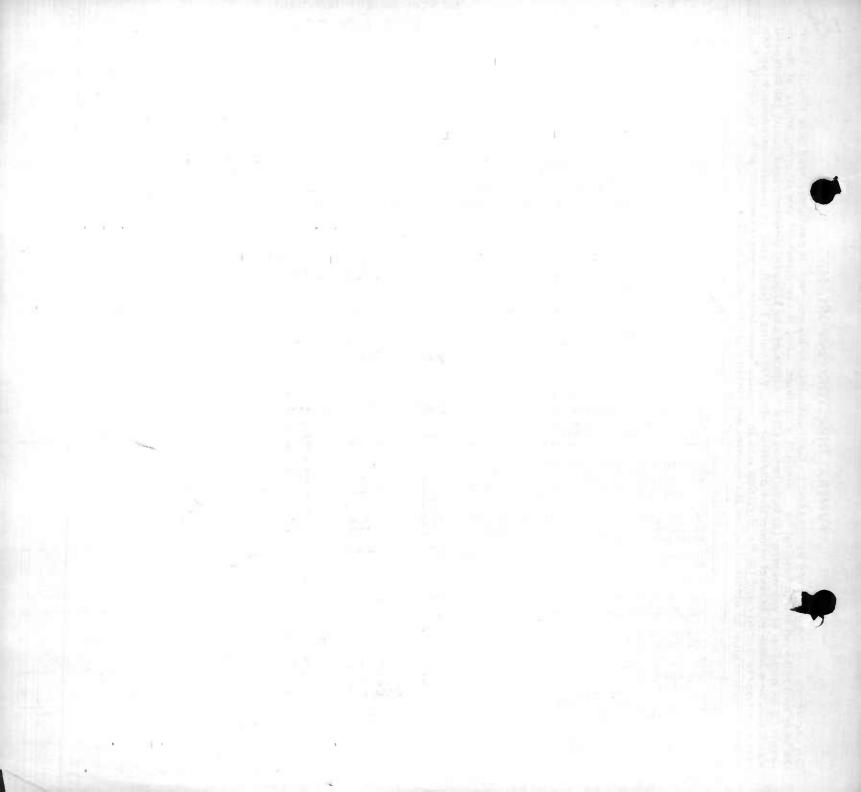
S = 30	BALTIMORE CITY	HEALTH DEPARTMENT		/1 3489
0-530 71 34	89 CERTIFICA	TE OF DEATH	REG. NO.	
1. NAME OF DECEASED ROBERT	SMITH SA	2, DATE AND H	OUR OF DEATH	1 300 M
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRO		THE MELLAL ASSIDENCE (Where do		titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	A. STATE LES COUNTY	Baltimore	City 2505
HOSPITAL OR ADDRESS OR LOCATION)	• 4	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
USA THE BUTTHORY	E GRZ HOS			YES NO
TITA2		# 3717 Pascal	Ave.	21226
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years birthday)	If Under 1 Ys. II Under 24 Hrs. Months Doys Hours Min.
WIDOV WIDOV		5/30/18	52 50	
10A. USUAL OCCUPATION (Give kind of work) 10B. KINE done during most of working life, even if refired)		11. BIRTHPLACE (Slote or foreign c	ountry)	12. CITIZEN OF WHAT COUNTRY?
Machinist Phip	building i	Balto. Md.		U.S.A.
Andrew Smith	; ,)	14. MOTHER'S MAIDEN NAME	. 7	(//
/	(dec)	MARY	THOMP	SON (doc)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! Uf yes, give war or dates of servi	SECURITY NO.	17. INFORMANT		ADDRESS
No.	214 05 1967	Marie V. Smith	3717 Pas	scal Ave. Balto
18. /62 / 1	CAUSE OF DEAT		21.1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		00		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	ISE (artem c)	ma o.	7
IThis does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:		41
injury or complication which caused death.		1. The Cun	200	K. Way
ANTECEDENT CAUSES	(8)	the Karkasi		
DISEASES OR CONDITIONS, if any, gir		A CONSEQUENCE OF:	1	77
UNDERLYING CONDITION last	(0) 2) Trust	monary Th	2021-7	pecc lo
_	No 0	haber		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL			
OISEASE OR CONDITION GIVEN IN PART 1 (A).		20A-AUTOPSYZ Yes of No. 20	& IP YES, WERE FI	NDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS FERFORMED 21A. ACCIDENT WAS UNDERLYING T		140	CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21& PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n of obout 21 C WHERE DID fice bidg., INJURY OCCUR?	(if In Boltimore	City, give exact location)
OF INJURY	21 & INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX)	While Al D Not While Work At Work	• 🗆		
22. I certify that (1) (this hospital) attend		3 / 29 19	31 to 3	7/10/ 1971
that (i) (we) lost saw the deceased office	201 1 101	-d A 1		Ion death occurred on the dote
ond hour and from the causes stoted abov			itinity (out) opin	Ton Court of Control on the Gorg
23A. SIGNATURE	e. (1) (iie) (ala-liel) (new the body after death.	/	23R DATE SIGNED
allings	DEGREE Phy	onding Med. Staff		4/10/71
23C. PHTSICIAN'S NAME (Type) ESPING	DEGREE	3001 S 4	more,	Shark
24A. BURIAL CREMATION, 24B. DATE 14 24	C. NAME OF CEMETERT OF CR	EMATORY 24D. LOCA	TION (City	y, town, or county) (State)
D . 1 1 1 1 1 100	71 Aldarian C-	matanu (11)	M	C 10 111
25A. DATE REC'D BY HEALTH DEET. 254 NA	ne of registran	25C. FUNERAL DIRECTOR	on, vonto	O KODRESS.
APR 12 1971 Valent & Jan	May Chilly	Mc Cully Funero	I Home I	Balto M. 21225
VS 150-REV. 1/1/68		The Luxy I tilleton	A TIVILLE L	access tills to the



VS 150-REV, 1/1/68

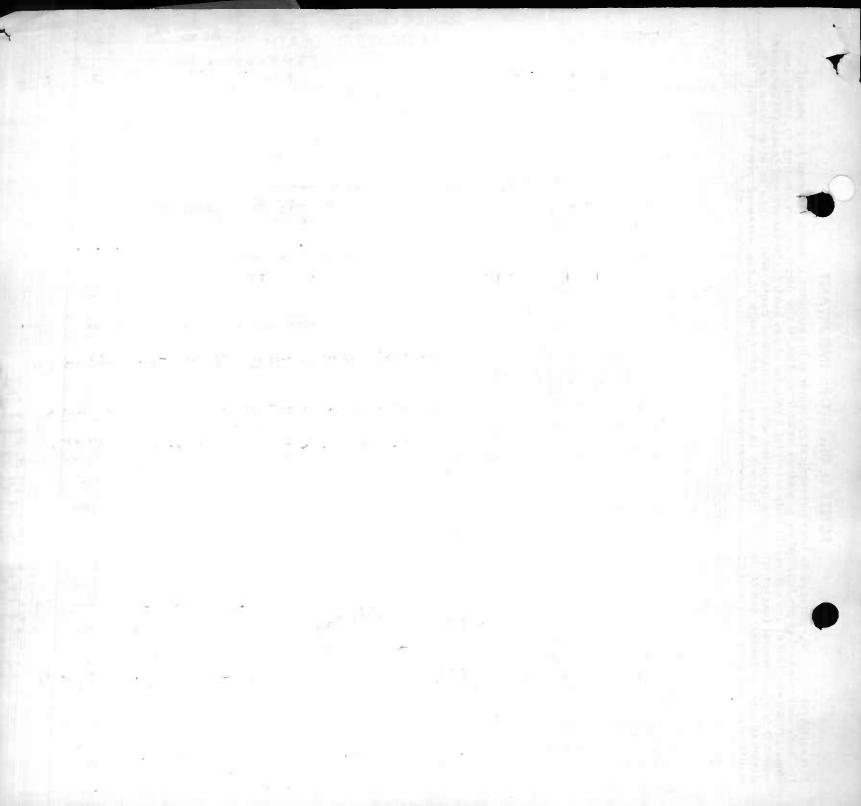
this certificate must be a property and by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to rich hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1520	BALTIMORE CITY	HEALTH DEPARTMENT	14	14 0 104
O 71 3491	CERTIFICA	TE OF DEATH	REG. NO.	71 3491
I. NAME OF DECEASED		2. DATE AND HO	OUR OF DEATH	014
THOP	IESENIA JONES	4/7/	71	1 4 PM M.
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	A. STATE B. COUNTY	eased lived, If instit	tution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITA ADDRESS OR LOCA INSTITUTION	L OR INSTITUTION, GIVE STREET	MARYLAND	In INSIDE	CITYLIMITS?
		C. CITY OR TOWN		YEST NO []
THE JOHNS HOPKIN	IS HOSPITAL	E. STREET AND NUMBER	Li i	
25		1436 PRESSTMA	IN ST.	
	7- MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AC	Ai (vobdnie	If Under 1 Yr. If Under 24 Hrs.
FEMALE NEGRO	WIDOWED DIVORCED	05-22-07	63	
OA. USUAL OCCUPATION (Give kind of work lone during most of working life, even if refired)	TOR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co	untry)	12. CITIZEN OF WHAT COUNTRY?
housewife		N.C.		U.S.A.
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
JAMES HOUSE		ELIZABETH GI	BSON	
5. Was Decoased Ever in U. S. Armed Force (es, no or unknown) (If yes, give war or dates	of service) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	SECURIT NO.	Davis a house	1126	December 04
no	CAUSE OF DEATI	Doris Austin	1/430	Presstman St.
DISEASE OR CONDITION DIR	ECTLY	0 1 1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE CIVIA		5 dAUS
(This does not mean the mode of heart failure, asthenia, etc., it means	dying, e.g., DIJE TO, OR AS	A CONSEQUENCE OF:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
injury or complication which caused		0.1		9
ANTECEDENT CAUSES	(0) /+1/	pertension	/	
DISEASES OR CONDITIONS, IF		A CONSEQUENCE OF:		
underlying condition last	stating the			
ONDERENTO CONTINUE TORRE	(0)			9
OTHER SIGNIFICANT CONDITIONS CON	ATRIBUTING (7) 6	esitu		1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART				
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONTO WAS PERFORM 21A. ACCIDENT WAS UNDERLYING!	OTION FOR WHICH OPERATION ORMED	20A-AUTOPSTR (Yes or No. 201	CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21& PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(if in Beltimere (City, give exact location)
21D. TIME (Month) (Doy) (Year)	(Hour 21& INJURY OCCURRED	21F. HOW DID INJURY	O CCUR?	
E (APPROX)	While At Not While Work At Work	- [
			7/ . 21	17 19 71
22. I certify that A (this hospital)	1./-		7/ to 4	
that (1) (we) last saw the decease	4		(Diff) (our) opinio	an death occurred on the dote
and hour and from the couses stat	ed above. (1) (We) (did) (did==++), v	iew the bady after death.		
23A. SIGNATURE	1 Page	nding Med. Staff		3B. DATE SIGNED
23 C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		1////
JEE-ROI	1 ROINIKED MA	John John	s Ho	PRINCHOSP
24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify	24C. NAME OF CEMETERY OF CRI	MATORY 24D. LOCAT	ION ICity.	town, or county) (State)
	271 Arbutus Men	Pk.	Balto.	. Md .
25A. DATE REC'D BY HEALTH DEPT.	SEL NAME OF SEGISTRAR		V.Bailey	ADDRESS
111 11 25 10 10 1	socia c' darper de de	Kelson F.H.		houn St.
VS 150-REV. 1/1/68				



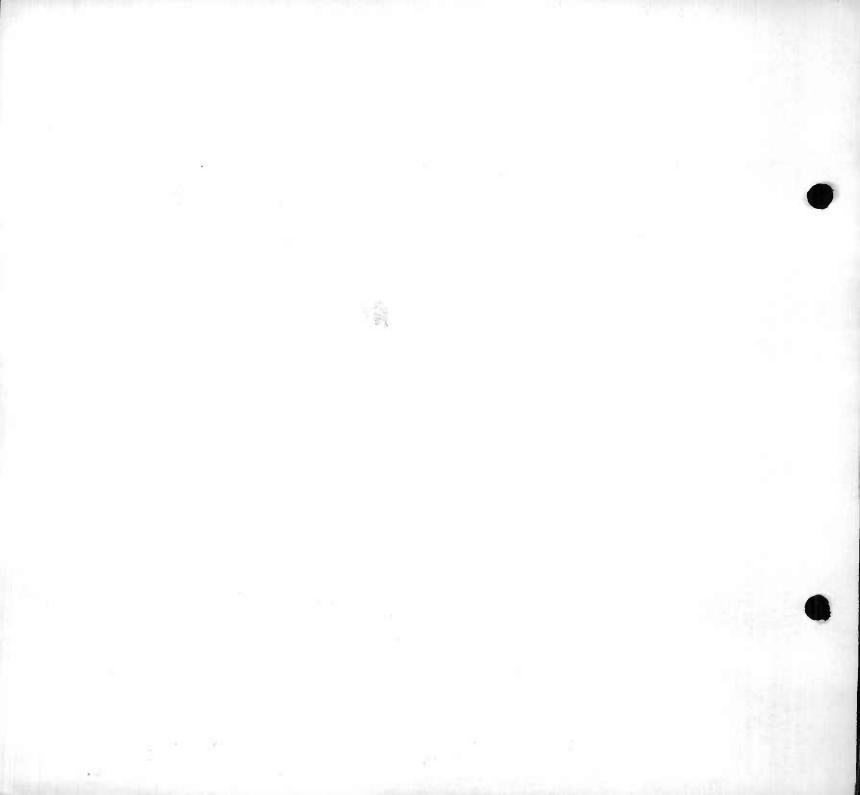
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death dedurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL	This certificate must be approved by the chief medical examiner or his assistant if death ocquired the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular adeceased private to death); and (6) No physician was in regular attendance on the deceased privatiten approval must be obtained before the remains are embalmed or final disposition is made.

	B000			BALTIMORE CITY	HEALTH DEPARTMENT		1244
B	RTH NO. 71	3492		CERTIFICA	TE OF DEATH	REG. NO	71 3492
1.	NAME OF DECEAS		> .			AND HOUR OF DEATH	1 00
IL		EUA '	DEA		API	27,1971	15- P N
	PLACE IN BALTIMO		**		M. SIMIE D. CO	Vhere dečeosed lived. II i UNIY	institution: residence before admission
H	ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	AL OR INSTITU	UTION, GIVE STREET	C, CITY OR TOWN		1302
1	4.0			J. C. mag man	BALTIMORE	D. IN	YES NO
Total Control	5 THE	IOHNS HOP	KINS H	OSPITAL	E. STREET AND NUMBER		
5.	SEX I6. R	ACE	17		2123 CALLO		
	3.00	NEGRO	WIDOWED	NEVER MARRIED DIVORCED	10-19-19	9. AGE (in years lost birthdoy)	Months Doys Hours Min.
10	A. USUAL OCCUPAT	ION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	51	12. CITIZEN OF WHAT COUNTRY
do	ne during most of working	ng life, even if ret(red)		for the contract of	Va.		U.S.A.
13	FATHER'S NAME				14 MOTHER'S MAIDEN N	IAME	0.5.A.
		WILLIAM	DAVIS		EVA BU	TT	
15.	Was Deceased Ever	in U. S. Armed For	cos?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no		01 00111001	SECORITI NO.	Cornelis S	tokon 130	5 Seagull Phila.
Г	18.038	181		CAUSE OF DEATE	OOTHETUS D	cokes 130	APPROXIMATE INTERVAL
		CONDITION DI	RECTLY	MASSIU			BETWEEN ONSET AND DEATH
		DING TO DEATH	dulas as	(A) IMMEDIATE CAU	SE INTOCKICUTA	T INFARCE	non ab Hes
	heart failure, asth	inia, elc. It means	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:		
		CEDENT CAUSES	Gague	GDALA I	IGA & VENET	SEPSIS Z	SEN
		CONDITIONS, if	gay, civing	(B) DUE TO, OR AS	A CONSEQUENCE OF:		SEY WKS
	rise to the at	ove cause (A)	stating the	and the same of	APLEMA DE		ec 210 yes
	ONDEREDING CO	11		(c)	ALLEGIE VEC	O PITUS CICOCI	
NO	OTHER SIGNIFICAN	TCONDITIONS CO	NTRIBUTING				
EA3	DISEASE OR COND	T NOT RELATED TO TI TION GIVEN IN PAR	T 1 (A).	***************************************		***************************************	
CERTIFICATION	19A. DATE OF OPE	RATION 198 CON WAS PERI	DITION FOR Y	WHICH OPERATION	YES	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CER	21 A. ACCIDENT W	AS UNDERLYING	218,	PLACE OF INJURY (e.g., in	or obout 21C, WHERE DID		re City, give exact location)
A	DEATH (notify medi	CAUSE OF	home etc.)	s, form, foctory, street, off	ce bidg, INJURY OCCUR?	In in common	e Chy, give exoci loconon;
MEDICAL	21 D. TIME IMO	nth) (Doy) (Yeoi)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
2	OF INJURY		Whit	Not While			
	22. I certify that	(1) (this hospital		e deceased from	2/12	_1971_to_4	17 1971
		saw the decease		4 17	19 7 1 and		nlan death occurred on the date
	and hour and from	n the couses stat	ed obove. (I)	(We) (did) (did-act) vi	ew the bady ofter death		man addit occorred on the bar
	23A. SIGNATURE	. 0 1	1				23B, DATE SIGNED
	N	and de	Upera	MD After	ding Med.	Shaff Phys.	ADR. 7.1971
	23C. PHYSICIAN'S NAME (Type)		1	DEGREE 2	3D. ADDRESS		
L			U	DEGREE		1 () 1	
24.	REMOVAL (Specif	ON, 248, DATE	24C. NA	ME of CEMETERY of CREA	MATORY 1 24D.	LOCATION (C	ity, town, or county) (State)
	Burial	4-13-	71	Mt. Auburn	Cem. I	Baltimore,	Md.
25.	A. DATE REC'D BY H		258 NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	V. Baile	
	150-REV. 1/1/68	2 19/1 066	C. S. E. 40	Berg M.D. ?	Kelson F.H.		
27.36	1 MILET V. 1/1/6 F						

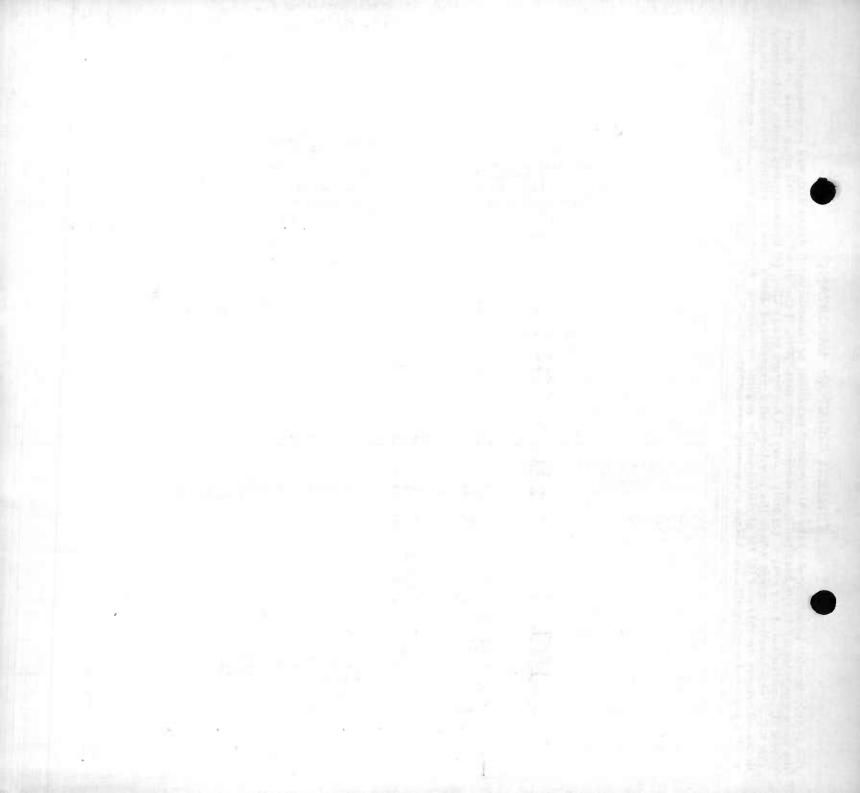


71 3493 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO. 71 3493
IRTH NO	NEO, IVO.
NAME OF DECEASED	2. DATE Known Manth Day Year Hour
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated Manth Day Year Hour
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) R INSTITUTION	PRONOUNCED DEAD 4 8 1971 6:15 pm.
1623 Laurens St.	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male negro WIDOWED DIVORCED	Balto. YES 🔀 NO 🗌
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. last birthday) Months, Days, Haurs, Min.	E, STREET AND NUMBER
12-9-86	1623 Laurens St.
. BIRTHPLACE(State ar fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Md U.S.A. A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	John Wilson
one during mast of working life, even if retired)	
Ret. B&O S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Martha Brown 18. INFORMANT ADDRESS
es, na arunknown) (If yes, give war ar dates af service) SECURITY NO.	DA Mary Melvin 46 Midway Ave. N.J
Tes 8/22/18*8/5/19 1705-05-377	
DISEASE OR CONDITION DIRECTLY Arterioscle	erotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE	CAUSE
(This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or camplication which coused death.)	
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL Chronic DISEASE OR CONDITION GIVEN IN PART 1 (A).	obstructive pulmonary disease
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
UNDERLYING OR CONTRIB- hame, farm, factory, street, affi	, in ar about 22C. WHERE DID (If in Baltimore City, give exact location) ce bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	T WHILE WORK
23.	П
I certify that I held on Inquiry I aspection At	
resulted from: Natural causes X Accident Suici	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER
ACTUAL	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATUREM.I	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Isidore Mihalakis, M.D.	4/8/71
AA BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY BURIAL 4-13-71 New Cath	reral Cem. 24D. LOCATION (City, town, or county) (State) Baltimore, Md.
15A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTON - Dailey ADDRESS
APR 1 2 1971 Vale & Jashen M.D.	Kelson F.H. 1348 Calhoun St.
S 151-REV. 1/1/68	0-5-4-2-3

VS 150-REV. 1/1/68



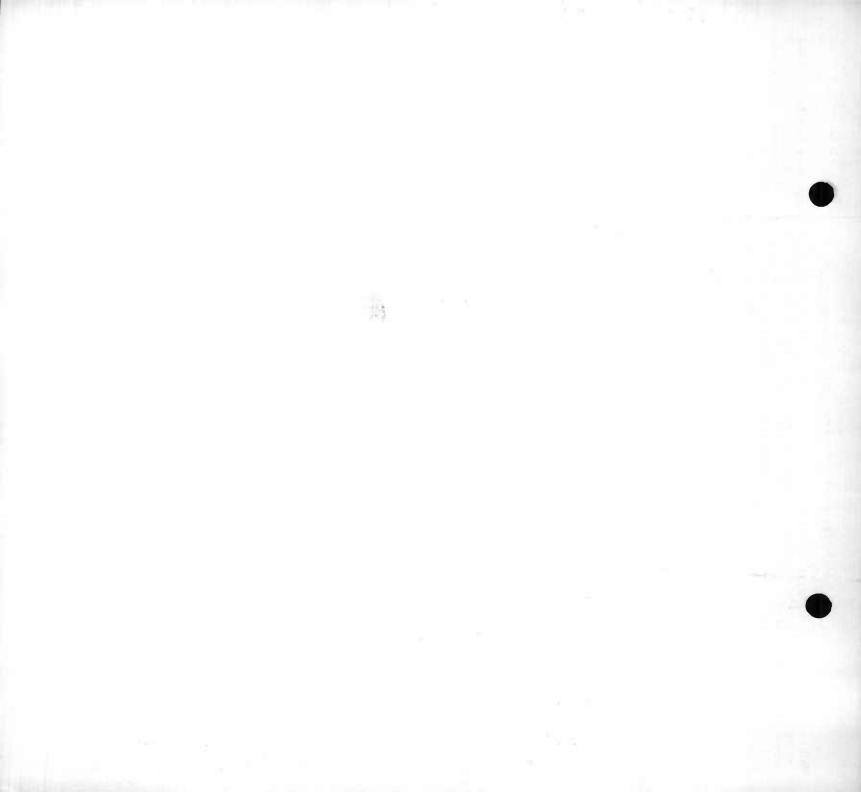
	N 2001 2495		TY HEALTH DEPARTMENT	T/4 0.46E
RIP	71 3495	CERTIFIC	ATE OF DEATH REG.	No. 71 3495
1. N	AME OF DECEASED		2. DATE AND HOUR OF	
R	Lanche EVELIN W		4-11-71	
FUL	NOTITUTION	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
3	3 THE BOHNS HO	PKINS HOSPITAL	BALTIMORE E. STREET AND NUMBER 3723 MARMON AVE	
5. S		7- MARRIED NEVER MARRIED	- I to a lost bitinopyic	Months Doys Hours Min.
104	FEMALE NEGRO	WIDOWED DIVORCED	TRY 11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUN
done	e during most of working life, even if refired)	GBMC	N.C.	U.S.A.
12 (FATHER'S NAME	GDFIO	14. MOTHER'S MAIDEN NAME	0.0.4
130 [FAIRER S NAME	Line Co.	Sarah MARY BELLAN	1Y
15, V (Yes	Wes Deceased Ever in U.S. Armed For s, no or unknown) (ii) yes, give war or date	se of service) 6 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	no	212202986	Zelda & Shelia J	essups 1718 DRuid
	LEADING TO DEATH (This does not mean the mode of heart failure, aethenia, etc. It means injury or camplication which caused ANTECEDENT CAUSES	death.)	AS A CONSEQUENCE OF:	
	DISEASES OR CONDITIONS, If the to the above cause (A) UNDERLYING CONDITION last.	any, giving (B) DUE TO, OR	CINOSARCOMA OF AS A CONSEQUENCE OF:	Cerviy
ATIC	DISEASES OR CONDITIONS, If time to the above cause (A) UNDERLYING CONDITION Ideb. There significant conditions co to the Death but not related to to Disease or condition given in Par	eny, giving DUE TO, OR staling the (C)	AS A CONSEQUENCE OF: 20A_AUTOPSYT (Yes, or No) 20B. IF YES	
RTIFICATION	DISEASES OR CONDITIONS, If time to the above cause (A) UNDERLYING CONDITION fact. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19B-CON WAS PER	eny, giving DUE 10, OR staling the (C)	20A-AUTOPSYT (Yes, or No.) 20B, IF YES IN CERTIFY	WERE FINDINGS CONSIDERED NO CAUSES OF DEATH?
CAL CERTIFICATION	DISEASES OR CONDITIONS, If time to the above cause (A) UNDERLYING CONDITION Ideb. There significant conditions co to the Death but not related to to Disease or condition given in Par	eny, giving DUE TO, OR Staling the (C)	20A. AUTOPSYT (Yes, or No.) 20B. IF YES IN CERTIFY	
DICAL CERTIFICATION	DISEASES OR CONDITIONS, If size to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PARTIES. TO THE DEATH BUT NOT RELATED TO TO THE DEATH BUT N	eny, giving staling the (C) ONTRIBUTING HE TERMINAL RT 1 (A). PORMED 21B PLACE OF INJURY Ichome, farm, factory, street, etc.) (Hourd 21E INJURY OCCURRED	20A. AUTOPSY? (Yes, or No.) 20B. IF YES IN CERTIFY of the office bidg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	WERE FINDINGS CONSIDERED NO CAUSES OF DEATH? Boltimore City, give exect location)
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, If rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19A-CON WAS PER 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D-TIME IMonth) (Doy) (Year) OF INJURY	any, giving staling the (C). INTRIBUTING HE TERMINAL IT I (A). IDITION FOR WHICH OPERATION FORMED 21B PLACE OF INJURY inhome, factory, street, etc.) (Hour) 21E INJURY OCCURRED While At More Not Work While At More Not Work I) attended the deceased from med alive on the street of the street	20A AUTOPSY? (Yes, or No.) 208, IF YES IN CERTIFY Office bidge, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 21 to and that In(my) (4)	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH? Boltimore City, give exect location)
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, If nise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19B CONWAS PER 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and hour and from the couses staged and hour and from the couse staged	any, giving staling the (C). INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICH OPERATION FORMED 21R PLACE OF INJURY Ichome, farm, factory, street, etc.) (Hous) 21E INJURY OCCURRED While At Not Work At W. (I) attended the deceased from and alive on the deceased from the dece	20A. AUTOPSY? (Yes, or No.) 20B. IF YES IN CERTIFY OFFICE DID (If In office bidge INJURY OCCUR?) 21F. HOW DID INJURY OCCUR?	, WERE FINDINGS CONSIDERED NO CAUSES OF DEATH? Boltimore City, give exect location)
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, If nise to the above cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19B CONWAS PER 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (netify medical examined 21D. TIAME (Month) (Doy) (Year) OF INJURY IAPPROX.) 22. I cartify that (I) (this hospital that (I) (we) last saw the decease and hour and from the causes stay 23A-SIGNATURE 23A-SIGNATURE 23A-SIGNATURE 23C-PHYSICIAM'S NAME (Type)	any, giving staling the (C). INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICH OPERATION FORMED 21B PLACE OF INJURY Ichome, factory, street, etc.) (Hour 21E INJURY OCCURED While At Work Not Work At W. i) attended the deceased from the dece	20A. AUTOPSY? (Yes. or No.) 208. IF YES IN CERTIFY g., in or about 21 €. WHERE DID (If in office bidg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR? WERE FINDINGS CONSIDERED ING CAUSES OF DEATH? Boltimore City, give exect location) 19 7, our) opinion death occurred on the course of the second of the second occurred on the second occurred occurred on the second occurred on the second occurred occur	



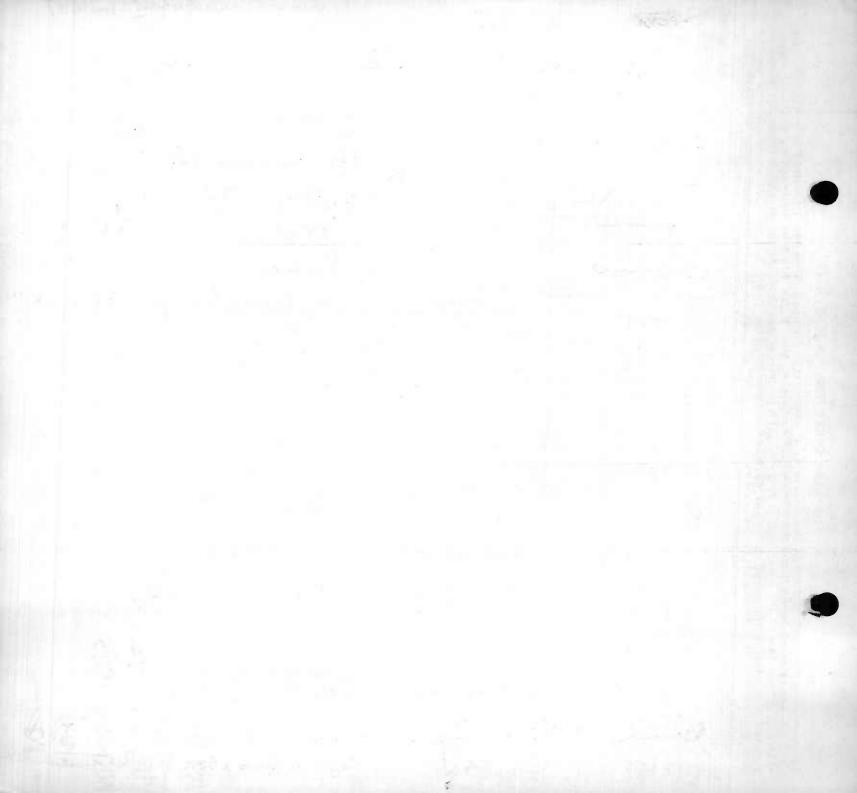
a hospital and cause of death ie; (5) Deceased ndance on the to death. Such
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined c was D.O.A. at a hospital (except where the physician who pronounced death was in regular c deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.
dical examiner. A cal examiner. A ns; (3) A fracture ician who pronotas in regular at a ins are embalm
d by the chief meespital by a mediture; (2) Body burt where the physician wed before the rem
must be approved eleased to the ho ccident of any nat a hospital (except to death); and (o
This certificate the body was r shows: (1) An awas D.O.A. at c deceased prior written approv

FUNERAL DIRECTOR: IMPORTANT

7-520 BIRTH NO.	71 3496		TE OF DEATH	REG. NO	71 3496
1. NAME OF DECEASED	en Thomas		2. DATE A	ND HOUR OF DEATH	1 250 1
3. PLACE IN BALTIMORE, MARY		OUNCED DEAD	4. USUAL RESIDENCE (Wh	ere docoosed lived. If in	astitution: residence before admission)
INSTITUTION	OR LOCATION)	ITUTION, GIVE STREET	A. STATE B. COU	ARFORD	IDE CITY LIMITS?
1 diversity of	MARYLAND.	NOSPIJAI	E. STREET AND NUMBER	R WIII Rd	YES NO NO
5. SEX 6. RACE Whit	WIDOWE		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind done during most of working life, even TEACHER - retire	refired) Ralto		MACY/AND	eign country)	12. CITIZEN OF WHAT COUNTRY?
John Webb	Thomas		14. MOTHER'S MAIDEN NA MARY ELIZA	1 11 01	ha <
15. Was Deceased Ever in U. S. A (Yes, no or unknown) (If yes, give with	or dotes of service)	16. SOCIAL SECURITY NO. 216-16-0858	17. INFORMANT WIFE		Address SAPTE
DISEASE OR CONDIT		CAUSE OF DEATH	l Vascular A	tecedent	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 ROWS
(This does not mean the repeat failure, osthenio, etc. injury or camplication which ANTECEDENT of the control o	I means the disease coused death.) CAUSES VS, if ony, giving se (A) stating the	(B) DUE TO, OR AS	a consequence of: A CONSEQUENCE OF:	Daseula, A	sease 5 years
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA	TED TO THE TERMINAL	******************	***************************************		
E 12	AS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
OR CONTRIBUTING CAUSE DEATH (notify medical examina	OF Ihou	B. PLACE OF INJURY (e.g., in me, form, loctory, street, all J	ar obout 21C. WHERE DID	(II In Boltimore	City, give exoct locotton)
21D. YIME (Month) (Doy) OF INJURY (APPROX.)	W	E INJURY OCCURRED hile At	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (1) (this that that (4) (we) lost saw the			*	19 <u>7/</u> ta <u>P</u> po at in (my) (see) apin	19 7/
ond haur ond from the course	Baun	.0 / \	ding Med.	Shoff Phys.	238, DATE SIGNED ADD 6, 1971
23C. PHYSICIAN'S NAME (Type) Richard		DEGREE	University	of Darylan	of Apptel
24A. BURIAL CREMATION, 24B. E REMOVAL (Specify) Burial April		AME of CEMETERY of CREE rkwod (enetery		. W V.	y, town, or founty) (Stote)
25A. DATE REC'D BY HEALTH DE		OF REGISTRAR	25C, FUNERAL DIRECTOR	6 7	AA ADDRESS



7 PH O	BALTIMORE CITY	HEALTH DEPARTMENT		14 040/
6-65/ 71 34	497. CERTIFICA	TE OF DEATH	REG. NO	0 2 5 7 7
BIRTH NO.	CERTIFICA	TE OF DEATH		
1. NAME OF DECEASED	0	2. DATE AN	D HOUR OF DEATH	1111.
(Type or Print)	Gasemliex	ann	rayo 20M	4/5/7/ M
3. PLACE IN BALT MORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When		tion: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D INISIDE	CITY LIMITS?
INSTITUTION	. ^	D. O.		NO NO
3600 Clounth 1	21	E, STREET AND NUMBER	110	140
00		3600 Clare	W4 Rd	
S. SEX 6. RACE 7. MAR	RIED NEVER MARRIED			Under 1 Yr. If Under 24 Hrs.
T W WIDO	WED DIVORCED	ang 1. 1887	83	
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BUTHPUACE (Stote or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if renred)		md		USQ
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
Fouris		Rosa		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	mas Gald	is Crawton	1 3310 Clarkster
18. 410 9	CAUSE OF DEAT	H	0/	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0. 16.	1 1 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	is d'aut d'un	y humum	minule
(This daes not meen the made of dying,	e.g., DUF TO OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It meons the dis injury at camplication which caused death.)	eose,)	
	A	1110		
ANTECEDENT CAUSES	(B)	COD		***************************************
DISEASES OR CONDITIONS, if any, g	n ving	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.				
UNDERLYING CONDITION Idsi,	(C)			
, II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
19 A. DATE OF OPERATION 198. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE FINI	DINGS CONSIDERED
RR O		No	IN CERTIFIING CAOSE	J OF DEATH:
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)		(If In Boltimore C	lly, give exoct locotion)
U	21E. INJURY OCCURRED	21F. HOW DID INJ	IIBY OCCUP?	
21D. TIME (Month) (Doy) (Yeor) (Hour)			OKI OCCOR!	
(APPROX.)	While At Not While Work Not While	e		
22 1		11	o ute	171 10
22. I certify that (I) (this hospital) attend	112017	, ,	9 to 4/5	19
	11 11 11	19 and the	at tri(my) (our) opinia	n deoth occurred on the date
that (I) (we) lost saw the deceased olive	OII			
that (I) (we) lost saw the deceased alive				B. DIATE SIGNED
that (I) (we) lost saw the deceased alive and haur and from the couses stated abo	ve. (I) (We) (did) (did-not) v		Shoff	
that (I) (we) lost saw the deceased alive and haur and from the couses stated about 23A. SIGNATURE	ve. (I) (We) (did) (did not) v	mains Med.		
that (I) (we) lost saw the deceased alive and haur and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAN'S	ve. (I) (We) (did) (did not) v	riew the body ofter death.	Shoff	
that (I) (we) lost saw the deceased alive and haur and from the couses stated about 23A. SIGNATURE	ve. (1) (We) (did) (did not) v	mains Med.	Shoff	
that (1) (we) lost saw the deceased alive and haur and from the couses stated about 23A. SIGNATURE AND LOST AND	Nearny aegree Phy	mains Med. Director 23D. ADDRESS 67D Payl	Shaff D	B, DIATE SIGNED
that (1) (we) lost saw the deceased alive and haur and from the couses stated about 23A. SIGNATURE AND LOST AND	ve. (1) (We) (did) (did not) v	mains Med. Director 23D. ADDRESS 67D Payl	Shaff D	
that (I) (we) lost saw the deceased alive and haur and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Joseph 24A. BURIAL CREMATION, 124B. DATE 4 12	Nearny aegree Phy	mains Med. Director 23D. ADDRESS 67D Payl	Shaff D	B, DIATE SIGNED
that (I) (we) lost saw the deceased alive and haur and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) JOJEPH 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Spacify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	mains Med. Director 23D. ADDRESS 67D Payl	Shoff Depty 23 HERG WG DOCATION (City,	town, or county) (Sinte)
that (1) (we) lost saw the deceased alive and haur and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Joseph 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. BURIAL	ME OF REGISTRAR	mains Med. Director 23D. ADDRESS C7D Paul EMATORY 24D. Le	Shoff Depty 23 HERG WG DOCATION (City,	B, DIATE SIGNED



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

Haurs

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

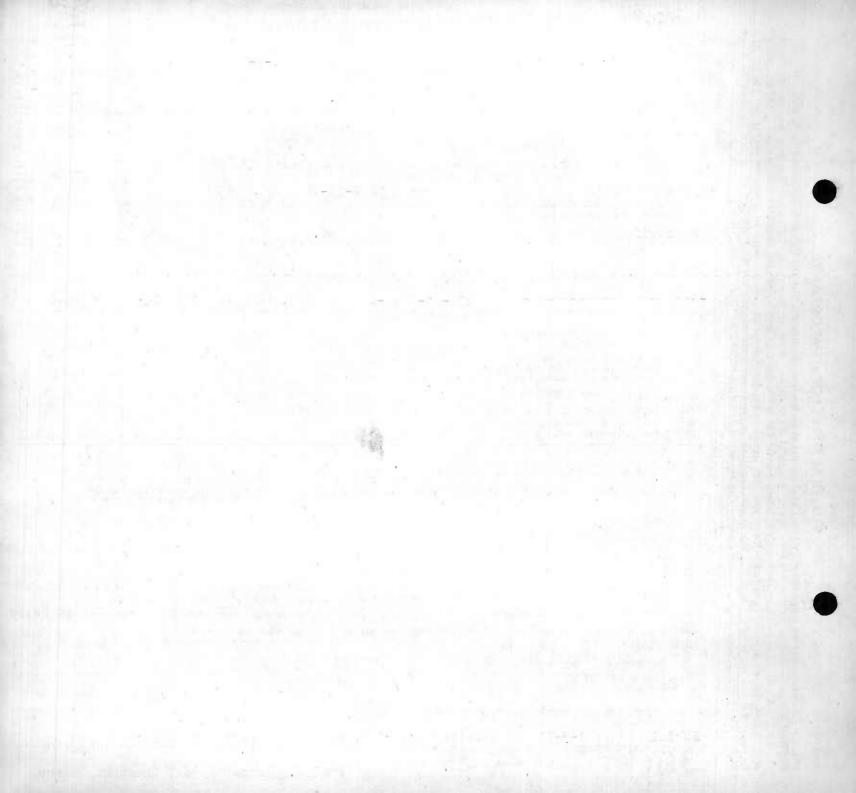
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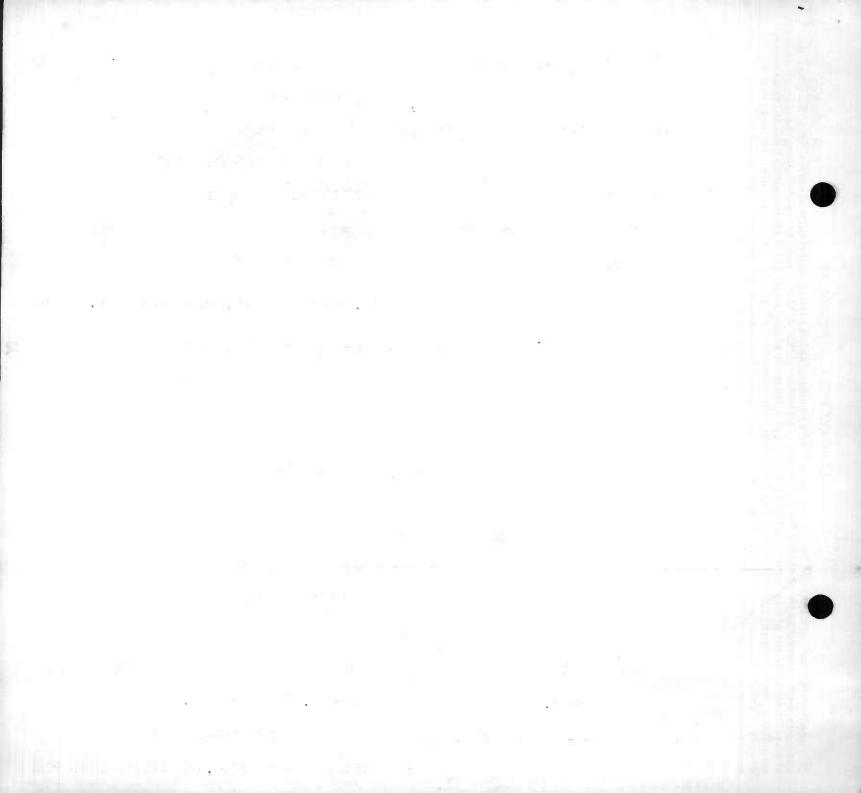
ADDRESS

ADDRESS

If Under 24 Hrs.



M-460 71 3499 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. L. NAME OF DECEASED BALTIMORE CIT CERTIFICA	ATE OF DEATH REG. NO. 71 3499
(Type of Print) ROSE MILLER	APRIL 6,1971 16:05 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution residence below advisors
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 2730
SINAI HOSPITAL OF BALTIMORE	BAUTIMORE D. INSIDE CITY LIMITS? YES NO IE. STREET AND NUMBER
42	2824 PAMASCUS COURT
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BUTH IN AGE (In second I to the annual to the a
FEMALE WHITE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 100 R. KIND OF BUSINESS OR INDUSTRY	Months Doys Hours Min.
done during most of working life, even if retired)	11./BIRTHPYACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTR
HOUSEWIFE AT HOME	RUSSIA USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL MILLER	REBECCA ?
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown! (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
NO SECURITY NO.	MR. BERNARD RAYNER, 6609 MARROTT DR. #21207
18.4/0.941250,9 CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	LATITE HUNCLODILL WEDGEN
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAI	USE ACUTE MYOCARDIAL INFARCTION IN
heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
	INCLUDATE INTERNAL
ANTECEDENT CAUSES (B) ARTER	IOSCLERATIVE HEART DISEASE
DISEASES OR CONDITIONS, if any, giving nise to the above couse (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION lost	
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	TES MELLITUS
VILVA DATE OF OPERATION 1108 CONDITION FOR WILLIAM	20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i home, form, factory, street, of pEATH (notify medical examines)	n or about 21C. WHERE DID (If in Boltimore City, give exact location) flice bldg., INJURY OCCUR?
210-TIME (Month) (Dev) (Year (Haud 215 INITIAL OCCUPANO	21F. HOW DID INJURY OCCUR?
[(APPROX) Mot white	e [T]
22. I certify that (1) (this hospital) attended the deceased fram	19 ta 1/6// 19
that (1) (we) last saw the deceased alive on APRIC 6	19and that in(my) (our) opinion death accurred on the dat
and hour and from the couses stated above. (1) (We) (did) (dtd-not) v	lew the hady ofter death
23A. SIGNATURE	23 B. DATE SIGNED
Jan. B. St. Ins now Atte	· ·
DEGREE FINA	Director L. Phys. L. Frill 6,17/1
NAME (Type)	23D. ADDRESS
MILTON B. KIRSH	4000 W. NORTHERN PKWY.
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stotel
BURIAL 4-7-71 HEBREW YOUNG MEN	BALTIMORE, MARYLAND
SA PATE RESP ANY ALTH DEPT. 238 NAME OF THE STRAR	
THE IS BY LEGISLE OF STREET, AND THE PARTY OF THE PARTY O	125C. FILMERAL CIRECTOR
141 16 7 000	25C. FUNERAL DIRECTOR ADDRESS
'S 150-REV. 1/1/68	SOL LEVINSON & BROS, 6010 REISTERSTOWN ROAD



Such

BIRTH NO		PLA CHE	BALTIMORE CITY	HEALTH DEPARTMENT		71 3500
	500	71 35	UU CERTIFICA	TE OF DEATH	REG. NO	12 3000
I. NAME	OF DECEASED				AND HOUR OF DEATH	
Type or P	Marry Sh	ane			-8-1971	1630A
3. PLACE	IN BALTIMORE, MAR		ONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admissio
FULL NA	ME OF HE NOT	IN HOSPITH OF I		A. STATE B. COL	UNTY	17/5/
HOSPITAL	OR ADDRES	S OR LOCATION	NSTITUTION, GIVE STREET	Md	D INIE	DE CITY LIMITS?
1113111011		Gittings A	ve.		D. 1145	YES NO
00		imore, Md.		E. STREET AND NUMBER		153 140
				700 Gittings	Ave. Balto.	Md. 21212
5. SEX	ale White	7- MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In woose	Il Under 1 Yr. Il Under 24 Hr Months; Days Hours Min.
rem	ale White	1000000	WED DIVORCED	10-4-1881	last birthdoyl 89	Months Doys Hours Min.
IOA. USUA	L OCCUPATION Give	kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or le	preign country!	12. CITIZEN OF WHAT COUNT
	most of working life, ever EWITE	n if refired) Hom	emaker	Baltimore, Ma	ryland	U.S.A.
13. FATHE	R'S NAME			14. MOTHER'S MAIDEN N		
	S. Oliver			Mary E.		
						07.07.0
(Yos, no or u	eceasod Ever in U.S. unknown! (If yes, give	wor or doles of sen	ice) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21212
no)		220-46-4413	Oliver Shane	700 Gittir	ngs Ave. Balto. Md.
18. 4	119-41		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
	DISEASE OR COND	ITION DIRECTLY				BETWEEN ONSET AND DEA
	LEADING TO		ANNIEDIATE CAL	ISEL TRIGRIOSCIER	otic chemous	andi and
(This	does not mean the	made of dying.	DIE TO OD AS	A CONSEQUENCE OF:	THE CHICAGON.	7.13.
	failure, asthenia, etc. ar camplication which		aase,			
	ANTECEDENT					
DISEA	SES OR CONDITIO		(8)	A CONSEQUENCE OF:		
nse	to the above ca	use (A) stating	the	A CONSEQUENCE OF:		
	ERLYING CONDITION		(c)			
			/ ~/ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
_	11		(4,444			
O THER	SIGNIFICANT CONDIT	IONS CONTRIBUTI	NG			
V DISEAS	E DEATH BUT NOT REL	ATED TO THE TERMI	NG NAL			
V DISEAS	E DEATH BUT NOT REL SE OR CONDITION GIV ATE OF OPERATION	ATED TO THE TERMI	NG	20A-AUTOPSY? (Yes or	No) 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
TO THI DISEAS 19A. D.	E DEATH BUT NOT REL SE OR CONDITION GIV ATE OF OPERATION	ATED TO THE TERMINEN IN PART 1 (A). 198 CONDITION I WAS PERFORMED	NG NAL OR WHICH OPERATION		IN CERTIFTING CA	FINDINGS CONSIDERED USES OF DEATH?
TO THI DISEAS 19A. D. 21A. A OR CO	E DEATH BUT NOT REL SE OR CONDITION GIV ATE OF OPERATION CCIDENT WAS UNDID ONTRIBUTING CAUS	LATED TO THE TERMINEN IN PART 1 (A). 198. CONDITION IN WAS PERFORMED ERLYING SE OF	OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or about 21 C. WHERE DID	IN CERTIFTING CA	FINDINGS CONSIDERED USES OF DEATH? City, give exoci location)
TO THI DISEAS 19A. D. 21A. A OR CO DEATH	E DEATH BUT NOT REISE OR CONDITION GIVE ATE OF OPERATION CCIDENT WAS UND DITRIBUTING CAUS I (notify medical exami	LATED TO THE TERMINEN IN PART 1 (A). 198. CONDITION IN WAS PERFORMED ERLYING SE OF	NG NAL OR WHICH OPERATION	n or about 21 C. WHERE DID	IN CERTIFTING CA	
TO THI DISEAS 19A. D. 21A. A OR CO DEATH	E DEATH BUT NOT REISE OR CONDITION GIVE ATE OF OPERATION CCIDENT WAS UNDIDENTRIBUTING CAUSE (Month) (Do	ATED TO THE TERMINEN IN PART 1 (A). 198. CONDITION IN WAS PERFORMED ERLYING SE OF Inet	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., indeed, form, foctory, street, of etc.) 218. INJURY OCCURRED	n or obout 21 C, WHERE DID lice bidg., INJURY OCCUR?	IN CERTIFING CA	
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